24. FUNERAL DIRECTOR

C. E. Cline & Son - Frederick, Maryland

ADDRESS

PLEA

DATE REC'D BY LOCAL

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EUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

I. PLACE OF DEATH:		1 2. USUAL RESIDEN	CE (HOME) OF DECEASE	FD:
Emademiels	2			
COUNTY Frederick CITY (If outside corporate limits, write RURA	MARYLAND	STATE Maryla	rporate limits, write RURAL	
OR and give nearest town) Frederick	6 Years	or Frede		and give neglect lower
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 East Sevent	h Street	STREET ADDRESS	East Seventh Str	
	Middle)	(Last)		(Day) (Year)
10212		AXLINE	DEATH: Octob	er 5, 1955
Female 6. COLOR OR 7. SHREDE. MAINTENANCE. WHOOMED. D. (Specify): Ma	TVORCED.	ly 1888	O yrs.	Days Hours Min.
work done during most of working life, Of	ND OF BUSINESS R INDUSTRY: Home	Canada	ate or foreign country): 12	COUNTRY?
3. FATHER'S NAME:		14. MOTHER'S MAI	DEN NAME:	
John William Henderson		Minnie Form		
(Yes no or unk.) (If Yes give war or dates	None	Harry D. Axl	TIO E + 10	
	MEDICAL GERTIFICAT	ION		INTERVAL BETWEE
1 DISEASES OR CONDITIONS DIRECTLY LEAS	DING TO DEATH	A		ONSET AND DEAT
4-20 IMMEDIATE CAUSE (A)	arou	my Cecl	Hun	15 mi
ANTECEDENT CAUSE (E)	то О	1.		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE		Schusse	3	
STATING UNDERLYING CAUSE LAST.				
(C) II OTHER SIGNIFICANT CONDITIONS CONTR		<u> </u>		1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	Moders	ite by pula	ver.	15410
19a. DATE OF OPERATION: 19b. MAJOR FINI	DINGS OF OPERATIO	N		20. AUTOPSYT
A. ACCIDENT WAS UNDERLYING 21B. PI R CONTRIBUTING CAUSE OF DEATH OF INJ IF EITHER, NOTIFY MEDICAL EXAMINER)	LACE (Home, farm, fac URY street, office bldg.,	etc. INJURY OCCUR	(City or town) (Cour	nty) (State)
F"INJURY Wh	ile Not while work at work	21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that I attended the de	ceased from	, 19, to/	9.5, 19.5, Sthat I las	t saw the decease
		9:45AM, from the	causes and on the date	
23. BURIAL CREMATION, DATE THEREOF BURIAL (SPECIFY) 8 Oct 1955	NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, town, of Petersville, Ma	or county) (State
Burial 10 Vet 1955	IDO METY 9	CINC OCL J		7 2000



OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

Supply every item of information cafefully. The

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09730

9747 CERTIFICATE	OF	DEATH
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		_				
Reg.	Dist.	No.	1	11	^	

0 0 2 0	, ,	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	0
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederic	k
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside forporate limits, write RURAL and give nea	rest town)
TOWN Wasasbars Wears	TOWN Woodsbaco	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) LAURA PRISCILLA BAK	DDIAH OF MAT IN	Year) 9 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED. (Specify): W.5.	OF BIRTH: 9. AGE last birthday Frunder YEAR IF UND 1870 94 yrs. Months Days Hours	Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired);	11. BIRTHPLACE (State or foreign country): 12. CITIZEN COUNTRY:	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
abraham Fong	amanda Menges	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Trans Barrick Woodsboro,	mid
18. MEDICAL CERTIFICAT	TION INTERVAL	BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AN	DEATH
180% Carring page	a left his days. 8 mg	andt.
ANTECEDENT CAUSE (S)	SIIA	a my
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	stricture	
19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AU	TOPEY2
0	YES _	NO P
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		State)
210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	d, 19 49, to 10 10 , 1955, that I last saw the	deceased
	8:34.4 M, from the causes and on the date stated abo	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or county)	(State)
REMOVAL (SPECIFY) OAT 12-1955" MIX HOW	Le Mandabara MA	(
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRES	5

BECEINED

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OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

Supply every item of information carefully. The

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9748

CERTIFICATE OF DEATH

Reg. Dist. No. 131

And the second s	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Fredericke MARYLAND	STATE M.d. COUNTY Frederich.
(If outside corporate limits, write RURAL) LENGTH OF STAY	CHAIL outside corporate limits, write RURAL and give nearest t
OR and give nearest town) (in this place)	OR
OR and give pearest town) (in this place) Town Maddeltasan	TOWN Maddletown X
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR	ADDRESS
STREET ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) LAURA VIRGINIA B	ERCHLEY DEATH: 10 - 7 - 19 S
	OF BIRTH: B. AGE last birthday IF UNDER 1 YEAR IF UNDER 24
Lemale white Specify): 2-4	-1871 84 yrs. Months Days Hours 1
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF W
work done during most of working life, even if strired:	Daryland El. S
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Lewis ahalt	margaret Flork
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates	
of service)	1) Claude Peachley middletown to
18. MEDICAL CERTIFICAT	1/
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND D
4404	1
4441 (asdin 1	Kerral-Verscular airease 2 975
IMMEDIATE CAUSE (A)	CONTRACTOR CONTRACTOR
ANTECEDENT CAUSE (8)	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	Selizate
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPS
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21C. WHERE DID (City or town) (County) (State INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INITIAL While Not while	
M. at work at work	
22. I hereby certify that I attended the deceased from the	10 CF to FX 7 10 CT that I last now the does
alive on Care 1955, and that death occurred at	//3c/M, from the causes and on the date stated above.
SIGNATURE \	ADDRESS DATE SIGNED
15 Herb	- The deletron and 755
M. M.	1. D. 1000 Aut 1013 Ct / 30
	ERY OR OREMATURY LOCATION (City, town, or county) (S
REMOVAL (SPECIFY) 10-18-1955 Luthuan	Cometery middlelown on
Partie.	24. FUNERAL DIRECTOR . ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS
10-8-1955 Chabille J. tock	Dladhell Co. Gorddletown of



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	097
						0011

CERTIFICATE OF	D	EATE
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Reg. Dist. No.

47/14	1105. 5150.	1101
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY Frederick MARYLAND	STATE Md COUNTY Fred	erick
CITY (If outside corporate limits, write RURAL or and give nearest town) Town Rural Sabillasville 40 yrs		nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Samuel Phillippy	(Last) 4. DATE (Month) (I Bittner OF DEATH: Oct 6	1955
Male White SpeciWidowed Oct .I	5 • 1883 (1 yrs.	ays Hours Min.
work done during most of working life, even if retired armer 108 KIND OF BUSINESS OR INDUSTRY:		COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John C. Bittner	Mary C. Phillippy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, ROOT unk.) If Yes, give was or dates of service) NO	Lester G.Bittner Sabillasv:	llle Md
18. MEDICAL CERTIFIC	ATION unlast	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 0 11 1 1 1	ONSET AND DEATH
IMMEDIATE CAUSE (A)	. Thrombous i My adaydeal	15 Hunk
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) DUE TO	Schwer Cardio Charles de	in 4 41 mm
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH	ON	20. AUTOPSY?
2		YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21a. PLACE (Home, farm, for CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bld		(State)
OF INJURY OF INJURY OF INJURY M. 21E INJURY OCCURR While Not while at work st work	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	0 1, 19 = 4, to 6 0 1, 19 4 5 that I last	saw the deceased
REMOVAL (SPECIFY)	M. D. Tolu Red Same Parent Par	county) (State)
Burial Oct.9.1955 Blue Ridge	e Cem. 'Thurmont.Fred	ADDRESS
REGISTRAR 10/7/55	M.L.Creager & Son.Thurmon	

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Reg. Dist. No. 1. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: FREDERICK MARYLAND COUNTYFREDERICK COUNTY MARYLAND STATE CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) FREDERICK (If rural give location) HOSPITAL OR STREET INSTITUTION OR ADDRESS STREET ADDRESS 914, WALNUT (Year) 3. NAME OF 4. DATE (Month) (Day) (Middle) (Last) DECEASED: OF OCT. 18. CORA BOWERS 19 55 DEATH: (Type or Print) 7. SINGSE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX: 6. COLOR OR 8. DATE OF BIRTH: Months | Days | Hours | Min. RACE: White Dec. 14, 1872 Female 12. CITIZEN OF WHAT II. BIRTHPLACE (State or foreign country): 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY: work done during most of working life, U.S.A. even if retired): House Wife House Wife Maryland 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Isabell Solomon Matthews Brown 17. INFORMANT & ADDRESS: 15 WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: | (Yes, no, or unk.) | (If Yes, give war or dates of service) Roland R. Bowers. Son. 914 Walnut St. No No None MEDICAL CERTIFICATION Interval Between well- Secondary muslement I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Desth Wrinay Blodder of nt Redney Right Hydroniphosis with bony (a) Immediate cause DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) .. giving rise to the above cause DUE TO stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. AUTOPSY ! 19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION:1 Yes No P (STATE) (CITY OR TOWN) (COUNTY) 21. ACCIDENT PLACE (Home, farm, factory, street, (Specify) SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) HOW DID INJURY OCCUR? (Hour) INJURY OCCURED While st Not While

INJURY

BURIAL, CREMATION.

REMOVAL (Specify)

SIGNATURE

Work [

(Degree or title)

At Work

NAME OF CEMETERY

- 18 . 1955, that I last saw the deceased

22. I hereby certify that I attended the deceased from WW alive on D , and that death occurred at

DATE THEREOF

from the causes and on the date stated above.

.1955.

ADDRESS

(State) LOCATION (City, town, or county) MILFORD, DELEWARE

DATE SIGNED

October 22.155 0 ODD FELLOWS DATE REC'D BY LOCAL

ROBERT DIECTORILEY, 1201, N. Market St. FREDERICK. Maryland.

A15

(Day)

Days

(Year)

IF UNDER 24 HRS.

Hours

COUNTRY

26 ..

CITIZEN OF WHAT

20. AUTOPSY?

DATE SIGNED

ADDRÉSS-

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(State)

(State)

1955

DATE REC'D

REGISTRAR

BY LOCAL



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 09735

9751	CERTIFICATE	E OF DEATH	Reg. Dis	t. No. 8./
I. PLACE OF DEATH: 1		2. USUAL RESIDENCE	(HOME) OF DECEASE	D:
Alsael engle	MARYLAND	Aland a	Udcounty !	wich.
CITY (If outside corporate limits, write		CITY(If outside corpor	rate limits, write RURAL	and give nearest town)
A MANUAL DE SAME	(in this place)	OR TOWN &	m. 1 Eril	all x
HOSPITAL OR		STREET	(If rural give location) /
STREET ADDRESS		ADDRESS	ral	/
3. NAME OF (First)	(Middle)	(Last)		(Day) (Year)
DECEASED: (Type or Print) IRA	LINTON BUF	FINGTON	OF DEATH:	14 1900
5. SEX. 6. COLOR OR 7. SINGLE WIDOV (Specify	NED, DIVORCEDE . /	of BIRTH: 9, AG	E last birthday Ir unden 1 Months	
10A USUAL OCCUPATION (Give kind of 1 work done during most of working life,	OB KIND OF BUSINESS OR INDUSTRY:	I BIRTHPLACE (State	or foreign country): 12.	CITIZEN OF WHAT
eved if retired):	10718	THELLE	Rud	COUNTRY
13. VATHER'S NAME:		14. MOTHER'S MAIDER	NAME:	
Jeline & Budden	To.	Transfer	that	
IN WAS DECEASED EVER IN U.S ARMED FORCE	18. SOCIAL SECURITY NO.	174 INFORMANT &, AD	DRESS:	1 1
(Yes, no, or unk.) (If Yes, give war or dates		12 10 2 1 1	1	1 134
of service of	- Undie	17 mm	total and la	White with the
I DISEASES OR CONDITIONS DIRECTL	18. MEDICAL CERTIFICAT	ION	11	INTERVAL BETWEEN
	Leading to beath	1 7		ONSET AND DEATH
200./	(A) Lynes	he deares	ma	
ANTECEDENT CAUSE (8)	DUE TO			
DISEASES OR CONDITIONS, IF ANY,	(8)			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO			
	(C)			
II OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING				
19A. DATE OF OPERATION: 19B. MAJO	R FINDINGS OF OPERATION	V		20. AUTOPSY?
U				YES NO
21A. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	218. PLACE (Home, farm, fact OF INJURY street, office bldg.,	etc. INJURY OCCUR?	(City or town) (Cour	nty) (State)
21D TIME (Month) (Day) (Year) (Hour)	While Not while	21F. HOW DID INJUR	RY OCCUR?	
OF INJURY	at work at work		_	
22. I hereby certify that I attended	the deceased from our.	2, 19,5 1, to /D- 14	رم, 1944, that I las	t saw the deceased
10 111 010	nd that death becurred at	- 1.0		
SIGNATURE 7 /4 Z	egar 1	ADDRESS	Q DA	TE SIGNED
J. 110		.D. Muso	2 12mm/	M10-18-43
23. BURIAL, CREMATION, DATE THER BEMOVAL (SPECIFY)	NAME OF CEMETE	ERY OR CREMATORY	OGATION (City, win, o	or county) (State)

ADDRESS

A15-10-53 Š



'MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL	EXAMINER'S	CERTIFICATE	OR	DEATH	No 141
MEDICAL		CHALLITICALL	Or	DEALH	No. ' / '

S. C.	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
corre	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 141.
d)	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
Th	COUNTY Fieder MARYLAND STATE : J. COUNTY	
fully. The legiply.	CITY (If outside corporate limits, write RURAL or and office nearest town) CITY (If outside corporate limits write RURAL and or and office nearest town) CITY (If outside corporate limits write RURAL and OR TOWN) TOWN (In this place)	d give nearest town)
n carefully.	HOSPITAL OR ANDRESS 11. THEREAM PERSON ADDRESS INTEREST ADDRESS	,
information eath clearly	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Date (Type or Print) (Title (Middle) (Last) (Middle) (Middle) (Date (Month)	y) (Year) 19 3 ~~ 1
f infordeath	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTII: 9. AGE last birthday: IF UNDER 1 WIDOWED, DIVORCED. 9-19-1913 52 yrs. Months D	ays Hours Min.
of of	10a. USUAL OCCUPATION (Give kind of work life, work done during most of work life, INDUSTRY: 11. BIRTHPLACE (State or foreign country): 12	COUNTRY?
can	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 14. MOTHER'S MAIDEN NAME:	
Supply every	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give-war or dates of service)	nd
E t	18. MEDICAL CERTIFICATION	
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
INK. please	Immediate cause (a) Crussary & Cetrosory	5 mente
'ADING icians: r	Antecedent cause(s)	
DI	Diseases or conditions, if any, (b)	"
FA	stating underlying cause last (c)	
I UNFADING. Physicians:	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
ant	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
ort 🔻		Yes 🗆 No 🖭
ILY, WITH important.	21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING Street, office bldg., etc., CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, office bldg., etc., injury) OF street, office bldg., etc., injury	(State)
PLAIN pecially	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY M. work 21f. HOW DID INJURY OCCUR?	
Бре	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [5]	
WRITE	find that death resulted from: Natural causes Ø, Accident D, Suicide D, Homicide D, Undetermined CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
	M. D. ASSISTANT MEDICAL EXAM.	Ce 1:11-55
ASE	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or c REMOVAL (Specify): 10-15-55 Name of CEMETERY OR CREMATORY LOCATION (City, town, or c REMATORY).	www. ilmil
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OF THE PROPERTY DIRECTOR OF THE PROPERTY OF THE PROP	ADDRESS

A15A - 5 - 53 VS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	09737
9721 CERTIFICATE OF DEATH Reg. Dist.	No. 131
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY in derick MARYLAND STATE Md. COUNTY Fre	derick_
CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearest town) (in this place) OR	nd give nearest town)
HOSPITAL OR STREET (If rural give location)	uck x
1 9 STREET ADDRESS Fuderick Neuroral Hosp. ADDRESS Hausanville	
S. NAME OF (First) (Middle) (Last) 4. DATE (Month) (DECEASED: OF CLEMSON DEATH. OCH	(Year) 7 19 55
5. SEX: 6. COLOR OR 7, STROLE, MARKIED, 8. DATE OF BIRTH: 9. AGE last birthday if under 1 y	Ays Hours Min.
annual de matimad) a set	COUNTRY
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	USA
nicholas H. Plemson mary Elizabeth Cramer	,
(1tts, no, or unk.) (it its, give wat or daves	Ballo, mol.
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
1 IMMEDIATE CAUSE (A) Cerebrel Liemanhage	5 days
ANTECEDENT CAUSE (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factory, 21c WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
22. I hereby certify that I attended the deceased from 36/5.5 , 19. , to 10/5. , 1965, that I last	
alive on 10/4 .19 43, and that death occurred at 3.25 AM, from the causes and on the date s	stated above. re signed/
James B. Tismas M.D. Alrosogish Md.	10/6/53

ADDRESS

22. I hereby alive on SIGNATUE 23. BURAL CREMATION, LOCATION (City, town, or county)/ NAME OF CEMETERY OR CREMATORY DATE THEREOF FUNERAL DIRECTOR Burial REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR 955



carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	09738
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9722

CERTIFICATE OF DEATH

Reg. Dist. No. 131

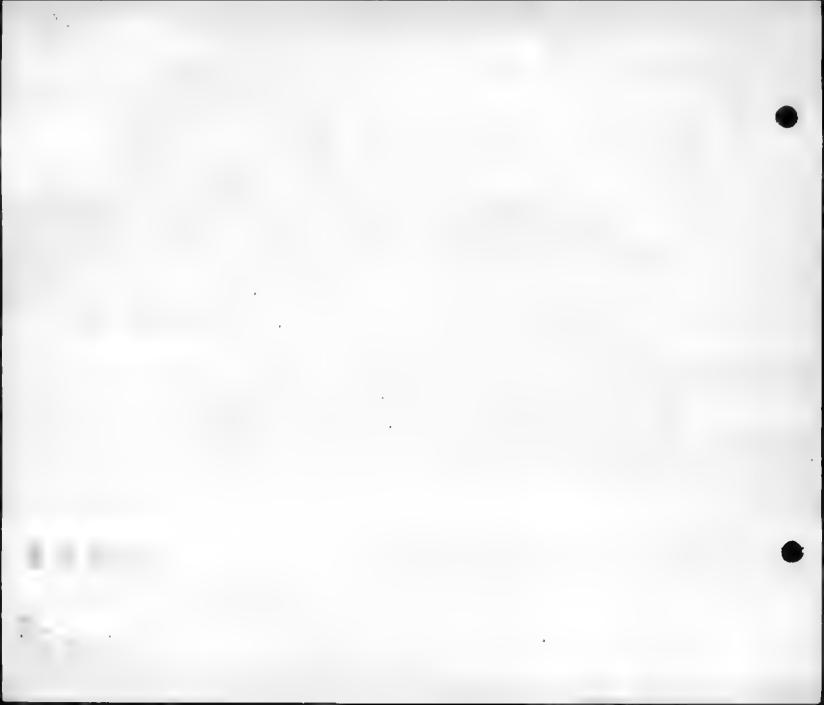
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED						
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick						
CITY til outside corporate limits, write RURAL (in this place) OR and give nearest town) Frederick	Grand outside corporate limits, write RURAL and give nesrest town) OR Frederick-Rural RD#6						
HOSPITAL OR INSTITUTION OR Frederick Memorial Hospital	STREET (If rural give location) / ADDRESS Bartonsville						
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)						
DECEASED: (Type or Print) GEORGE WALTER	COLLINS OF OCTOBER 4, 19 55						
DECEASED: Type or Print: GEORGE WALTER COLLINS DEATH October							
NOA USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Infant	Maryland (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? USA						
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME;						
George W. Stanton	Yvonne Collins						
18, WAS DECEASED EVER IN U.S. ARMED FORCES? 19, SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:						
(Yes, no, or unk.) (If Yes, give war or dates None	Yvonne Collins, RD#6, Frederick, Md.						
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION INTERVAL BETWEEN ONSET AND DEATH						
760.0 Cerebral	anopia 2days						
ANTECEDENT CAUSE (B) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CONDITION CAUSING DEATH.							
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATIO	20. AUTOPST?						
* ***	YES NO						
218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21c INJURY OCCURRED 21f. HOW DID INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	D 21F. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from Int.	22 19, to 0 d. 4 , 190 5, that I last saw the deceased						
alive on CC+.4, 1957, and that death occurred at 5:45P M, from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED							
Leenord V. Kumos	M.D. Frederick, Maryland 5 Oct 1955						
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or county) (State)						
Burial (SPECIFY) 5 Oct 1955 Bartonsvill	e Cemetery Frederick County Maryland						
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS						
REGISTRATION - Elisaber Do h. Heck	M. R. Etchison & Son, Frederick, Maryland						

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MARYLAND STATE DEPARTMENT OF HEALTH

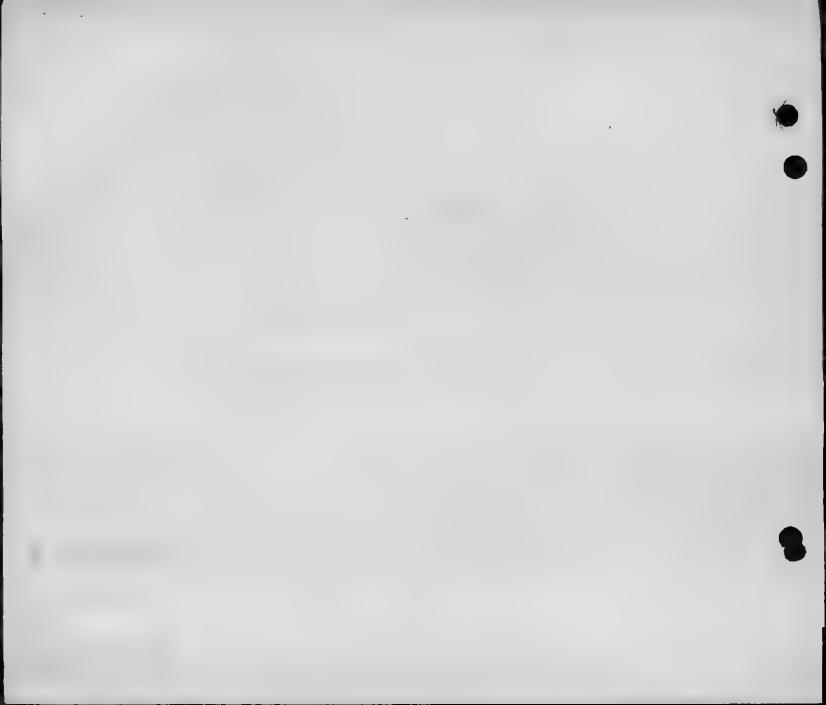
2411 N. Charles Street, Baltimere

09742

CERTIFICATE OF DEATH

Reg. Dist. No. / 38

I. PLACE OF DRATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Frederick						
MARYLAND MARYLAND							
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town)						
X TOWN RUTAL 67903,	Town Frederick-Rural RD#4						
HOSPITAL OR RIGGE COTT a 9-P	STREET (If rural, give location)						
INSTITUTION OR STREET ADDRESS SAN FATIUR	ADDRESS Feagaville						
3. NAME OF (First) (Middle)							
DECELORD A A	(Last) 4. DATE (Month) (Day) (Year)						
(Type or Print) ANY E MARY. L	Pet DEATH OCT 23 19 5						
5. SEX 6. COLOR OR RACE 7. SHNOLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs						
12 Male white (Specily) Wilder	Fe Dig 1889 66 yrs. Months Days Hours Min.						
18st IISHA1 OCCUPATION (Give bind of work 1 10h Kinn on Breinwood on	11. BIRTHPLACE (State or foreign country) 12. CITIEN OF WHAT						
done during most of working life, even if retired) Industration Home	Maryland Country SA						
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME						
Harlan J. Beard	Ann R. Culler						
	5 7 7						
15. Was DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (II yes, give war or dates of	AND ADDRESS						
NO leervice) None	Miss E. Elizabeth Derr, Frederick, Marylan						
18. MEDICAL CEI	RTIFICATION						
I DION (OR OD COMPANY) PROPERTY THE PROPERTY							
	ONSET AND DEATH						
934X	eal failure 2 mal						
Immediate cause	- I - I - I - I - I - I - I - I - I - I						
Antecedent cause(s)	1 as Val Car : 11.1						
Diseases or conditions, if say, (b)	a whenever one inchese						
giving rise to the above cause ast							
statung the underlying cause that	astor our forms 10 kg.						
THE OPPOSED STONES COMPANY (VANDOS CANDOS CANDOS CANDOS COMPANY)	ever received in Jans						
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not							
related to the disease or condition causing death.							
192. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSYT						
	Yes C No (1						
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)						
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(State)						
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR!						
OF While at Not While	NOW DID INJUNE OCCUR!						
INJURY At work							
And of the							
22. I hereby certify that I attended the deceased from 1955, to Otto, 1955, that I last saw the deceased							
M7753 0 -7 074							
SIGNATURE (Degree or title) ADDRESS ADDRESS ADDRESS							
He in the Cold yoursell was assis							
23 BURIAL, GREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)							
The state of the s							
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 2. FUNERAL DIRECTOR ADDRESS							
BEG 24-1955 Vercen a Take one	M. R. Etchison & Son, Frederick, Maryland						



NAME OF CEMETERY OR CREMATORY

FUNERAL DIRECTOR

Mount Olivet Cemetery

Nov. 2. 1955 | Mo REGISTRAR'S SIGNATURE

LOCATION (City, town, or county)

Frederick,

C. E. Cline & Son - Frederick, Maryland

Maryland

ADDRESS

legibly c≡refu∏ÿ and 1 =ation 7 infom death MARGIN RESERVED FOR BINDIN causes wery Supply INK. please ADING Physicians UNE WITH important. PLAINLY, especially E WRITE

3. NAME OF

Female

No

2I. ACCIDENT SUICIDE

INJURY

HOMICIDE

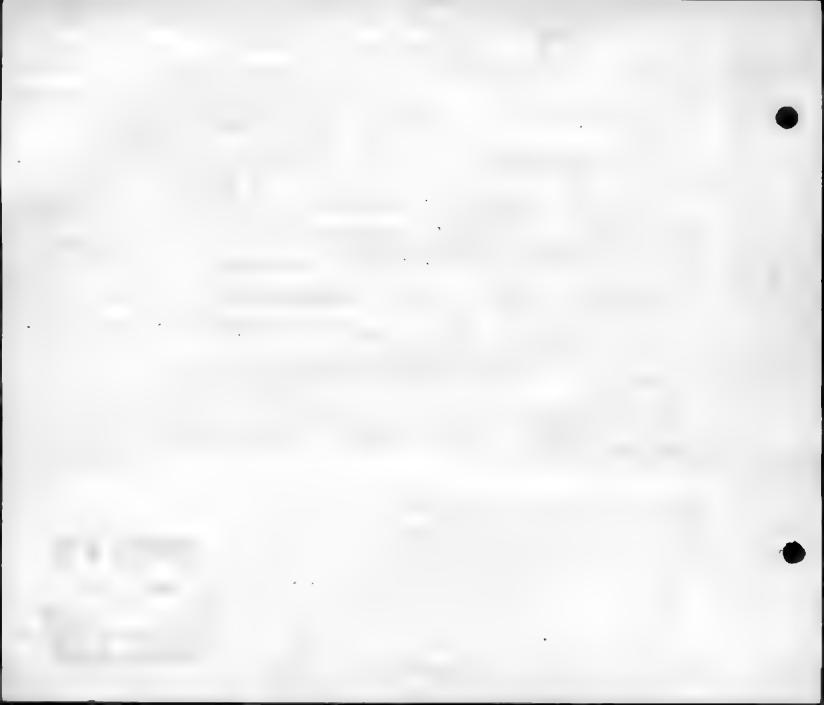
BURIAL, CREMATION,

DATE REC'D BY LOCAL

REMOVAL (Specify)

DECEASED:

(Type or Print)



A15

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d

COUNTY

TOWN

3. NAME OF

OF INJURY

23. BURIAL, CREMATION,

REMOVAL (SPECIFY)

DECEASED:

and

clearly

death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9755 Reg. Dist. No. 140 2. USUAL RESIDENCE (HOME) OF DECEASED I. PLACE OF DEATH MARYLAND STATE (If outside corporate limits, write RURAL) CITY(If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY and give nearest town) (in this place) TOWN HOSPITAL OR (If rural give location) STREET INSTITUTION OR ADDRESS A STREET ADDRESS (First) (Middle) (Last) (Day) DATE (Month) (Year) FOGLE (Type or Print) DEATH: 19 55 8. DATE OF COLOR OR 7. SINGLE, MARRIED. BIRTH: 9. AGE last birthday! TYEAR IF UNDER 24 HRS WIDOWED, DIVORCED RACE: (Specify): Wio Months ! Davs Hours 108. KIND OF BUSINESS IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: COUNTRY? even if retired): 13, FATHER'S NAME: 14. MOTHER'S MAIDEN NAME 18 WAS DECEASED EVER IN U.S. ARMED FORCEST 17. INFORMANT & ADDRESS 14. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or flates of service) MEDICAL. I DISEASES OR CONDITIONS DIRECTLY LEADING ONSET AND DEATH (A) IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) ARTERIOSCREISTIC DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 198. MAJOR FINDINGS OF **AUTOPSY** NO 21A. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) Not while While at work at work

1 April 19 47, to 22. I hereby certify that I attended the deceased from . 1953, that I last saw the deceased

- 50 M, from the causes and on the date stated above. alive on and that death occurred at ADDRESS DATE SIGNED SIGNATURF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

1955 REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR

DATE THEREOF

FUNERAL DIRECTOR 24.

ADDRESS

Maps.

PLEARE WHITE PLAINLY, WITH UNFADING MNK. Supply every item of information carefully. The correct

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9726 CERTIFICATE OF DEATH

Reg. Dist. No. 43

	I PLACE OF DEATH:	2 USUAL RESIDENCE (HOME) OF DECEASED:					
ly.	county Frederick MARYLAND	STATE Maryland Frederick					
2	CITY (If outside corporate limits, write RURAL LENGTH OF STAY or and give nearest town) (in this place)						
■nd le∎ibly	Frederick 30 hrs.	Term Rural- Myersville X					
nd	IIOSPITAL OR INSTITUTION OR	STREET (If rural give location)					
	69 STREET ADDRESS rederick Memorial Hospita	Route # 1.					
emrly	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)					
ਹ	(Type or Print) LULU MAY	AVER DEATH: October 6 19 55					
death	RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: If under I YEAR IF UNDER 24 HRS. Months: Days Hours Min.					
	Female hite (Specify) Nidowed July						
H	work done during most of working life, INDUSTRY:	COUNTRY?					
Se	13. FATHER'S NAME:	Frederick Co. Md. U.S.A.					
mause	Charles Leatherman	Unknown					
the	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17.						
	(Yes, no, or unk.) (If Yes, give war or dates of no service) none	Lenn C. Gaver, Myersville, Md. Rt.#1					
write	18. MEDICAL CERTIFICATI						
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Death					
pleame	Immediate cause (a) Cueltra	Parmaritage 2 chays					
	Antecedent causes (s)						
ıns	Diseases or conditions, if any, giving rise to the above cause	Phonorchoge 2 Chays					
icis	stating the underlying cause last. DUE TO						
Physicians	11 OTHER SIGNIFICANT CONDITIONS	es Caronary Selevosis 544					
Conditions contributing to the death out not							
ant	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?					
ort		Yes No					
important.	2I. ACCIDENT (Specify) SUICIDE (PLACE (Home, farm, factory, street OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)					
especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?					
pec	22. I hereby certify that I attended the deceased from .1.0/.4	,1955, to / 96 , 19.55 that I last saw the deceased					
alive on (). and that death occurred at # 24 A Infrom the causes and on the date							
e is	SIGNATURE (Degree or title)	ADDRESS DATE SIGNED					
30	23. BURIAL CREMATION, DATE THEREOE NAME OF CEMETE	RY OR CREMAN OF A LOCATION (City, town, or county) (State)					
	Burial Oct. 8.1955 United Br						
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS					
	8 October 1955 - Elizabeth & Hech	Paul F. Bittle, Myersville, Md.					



9756

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

Reg. Dist. No. 13.1

5 1 /

1. PLACE OF DEATH:	MARYLAND	2. USUAL RESIDENCE (HOME) OF DEC	COUNTY /
CIPY (If outside corporate limits, we OR give nearbst town) TOWN	ite RURAL and LENGTH OF STAY (in this place)	CITA (If outside corporate limits, write I OR TOWN	44.1
HOSPITAL OR INSTITUTION OR STREET ADDRESS	11	STREET (If rural, and ADDRESS	give location)
3. NAME OF (First) DECEASED (Type or Print)	(Middle)	C-C-+Z OF DEATH	(Month) (Day) (Year)
5. SEX 6. COLOR OR	WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hire	hday If under 1 year If under 24 hr Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind done during most of working life, even if		11. BIRTHPLACE (State or foreign country)	12. CITIERN OF WHAT COUNTRY?
13. FATHER'S NAME	+ 1	14. MOTHER'S MAIDEN NAME	√
15. WAS DECEASED EVER IN U.S. ARME (Yes, no, or unknown) (If yes, give war	or dates of	17. INFORMANT AND ADDRESS	<u> </u>
lacrvice) 7 / c	- 1 76/6 10 1 26	Language of the same of the	
No.	18. MEDICAL CI	ERTIFICATION	1:
I. DISEASES OR CONDITIONS DIF	RECTLY LEADING TO DEATH	-	INTERVAL BUTWEEN ONBUT AND DEATH
420./ Immediate cause	(a) Coronar	7. Thromboon	18ments
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause in	(b) Caler So	Le La Risto	2 27. 205 4
II. OTHER SIGNIFICANT CONDIT. Conditions contributing to the death related to the disease or condition car	hut not		
19a. DATE OF OPERATION 19b. 1	MAJOR FINDINGS OF OPERATION		20. AUTOPSY!
			Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) OF INJURY	(Hour) INJURY OCCURRED While at Not While m. Work At work	HOW DID INJURY OCCUR?	
	nded the deceased from	., 1952, to great 24, 1955,	that I last saw the deceased
alive on Sett 56, 19: SIGNATURE	(Degree or title)	m., from the causes and or	n the date stated above. DATE SIGNED
-37,7	En 222 Est mille	Frederick ? mit	Cat 27.53
23. BURIAL, CREMATION DATE:	THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City	, town, or county) (State)
DATE REC'D BY LOCAL REGIS	TRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	V	3	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. THEGIN RESERVED FOR BINDING

The correct age

VS. A15

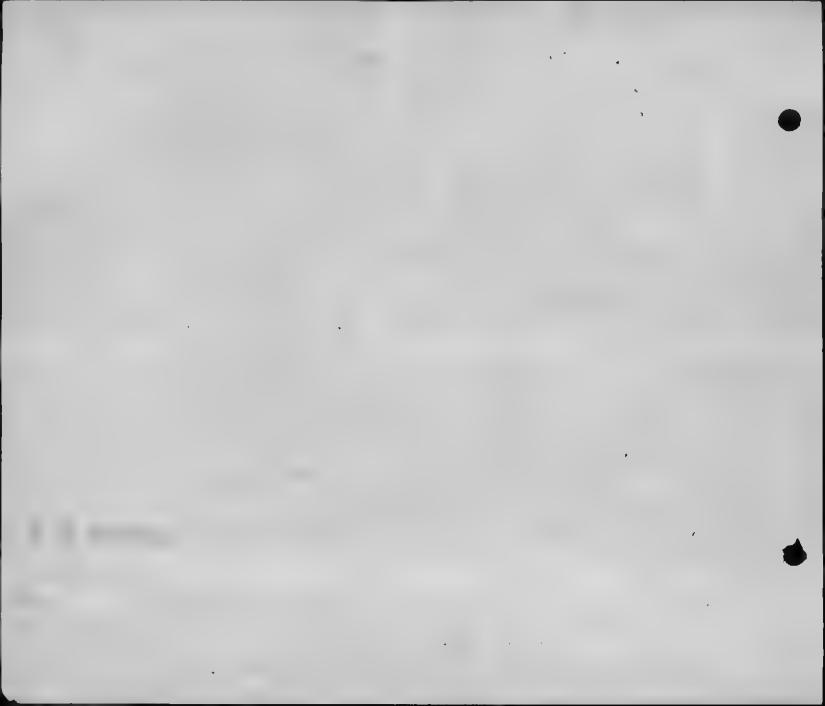


PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct soc is especially important. Physicians, please write the causes of death clearly and learbly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MEDICAL EXAM	INER'S CER	TIFICATE	G OF DEAT	H No. 131
1. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DECEASED	*
COUNTY Frederick	MARYLAND	state Mary	land county Fre	ederick
OR and give nearest town)	URAL LENGTH OF STAY (in this place)	OR (1f outside	corporate limits write RURA	L and give nearest town)
TOWN Died enroute to Hosp	ital		erick-Rural-R.F.D.	.#6 X
HOSPITAL OR INSTITUTION OR		STREET	(If rural, give loca	tion) /
STREET ADDRESS Frederick Men	morial Hospital	ADDRESS		
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) ALGIE	LOUIS	GOINS	DEATH October	15, 19 55
5. SEX: 6. COLOR OR 7. SING RACE: WID	GLE, MARRIED, 8. DATE	E OF BIRTII;	9. AGE last birthday: IF UND	
Male White (Spec	city):Single Septe	mber 2,1930	25 yrs. Month	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even Carte(11 er	10b. KIND OF BUSINESS OF INDUSTRY:	r 11. Birthplaci		12. CITIZEN OF WILA COUNTRY? USA
13. FATHER'S NAME:		14. MOTHER'S MAI	IDEN NAME:	
Homer Goins		Lillie	Houndshell	
16. WAS DECEASED EVER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY No.:	17. INFORMANT &	ADDRESS:	
Yes, no, or unlat) (If Yes, give war or dates of Yes Korean War	212-21-5596	Mr. Homer Go	ins,R.F.D.#6,Frede	orick. Marwland
Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)	Broken neck			
II. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING DI	EATH.			
19a. DATE OF OPERATION: 19b. MAJOR				20. AUTOPSY? Yes 🗆 No 🗗
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, OF street, office bldg., etc. INJURY	*	Fizzle Eich)ILL (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY / 1955 4 M.	21e. INJURY OCCURRED While at Not while work at work	21 f. HOW DID I	MJURY OCCUR?	mobile
22. I hereby certify that I took char	ge of the remains describ	bed above, held ar	n Autopsy 🗆 , Inspection	n 🔲 , Inquiry 📋 , and
find that death resulted from: I	Natural causes 🔲 , Accid			
SIGNATURE 3 Heers	rece_	DEPU	MEDICAL EXAMINER TY MEDICAL EXAMINER TANT MEDICAL EXAM.	DATE SIGNED
23. BURIAL, CREMATION, DATE THER REMOVED (Specify):			LOCATION (City, town,	
Burial Oct. 18,	1955St. Johns Lut	heran Cem	Creagerstown,	
- 10 10 10 10 10 10 10 10 10 10 10 10 10	An O. \\	M R Etab	ison & Son, Freder	ADDRESS
17 6 d 1955 Cling Nul	XV. 4. 2- 2-12	IVI - IL - E CIL	raon or non' rieder	rick, maryranu



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

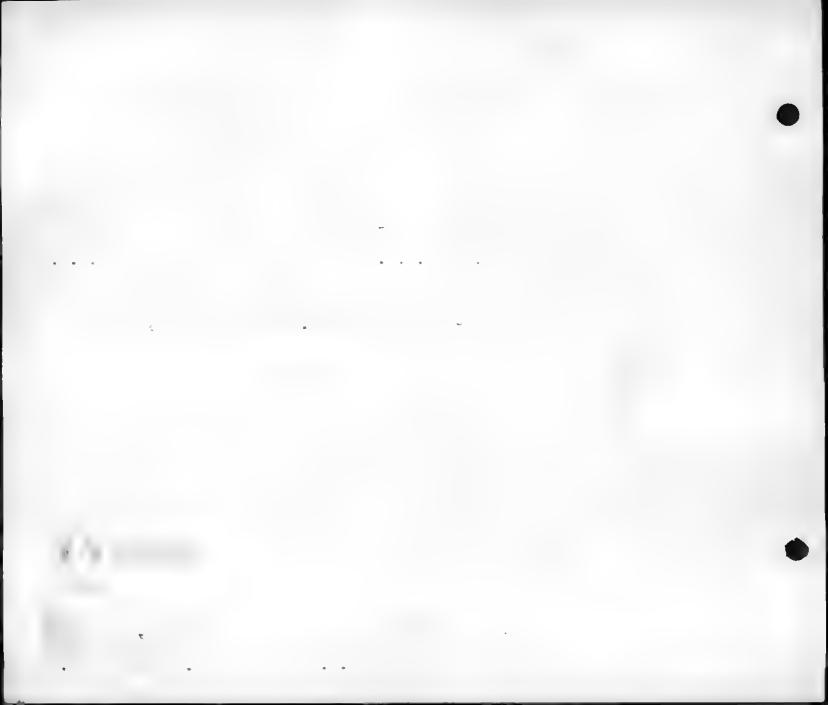
AS CERTIFICATE OF DEATH

er Dist No. 14/

	3/40	Reg. Dist.	NO
	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	4. 4
- Caran	COUNTY Frederick CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Brunswick MARYLAND (ig this place) 40 years	STATE Maryland COUN CITY (If outside corporate limits, write RURAL ar OR TOWN Brunswick	TY Frederic
	HOSPITAL OR INSTITUTION OR STREET ADDRESS IS West "G"	STREET ADDRESS (If rural give location) 15 West "G"	/
	(Aype or Frint)	(Last) 4. DATE (Month) (Day OF DEATH: 10 8	19 55
	Male White Whowed 5-	TO-TOOT 1 1 Ale:	Hours Min.
2	Revered: Englineer 10b. KIND OF BUSINESS OF Revered: Englineer B. and O.R.R.Co	o Maryland i	U.S.A.
2 2 2	13. FATHER'S NAME: Calvin Grove	Louise Hankey	
200	15 WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17.	INFORMANT & ADDRESS: Earl A. Grove, Brunswick, Mary	Land
yoldang. Ettast m	Is. MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH Immediate cause Antecedent causes (s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last. [a] [b] [b] [c]	sclesosie	Interval Betwee
11	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
2 L/2 13	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		Yes No P
odustr	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (S	TATE)
lany	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
e la eaper	22. I hereby certify that I attended the deceased from alive on alive on alive on signature at the signature of the signature at the signature of the signature	1947, to 1947, that I last of the causes and on the date of ADDRESS	saw the deceased stated above. TO 10
<u>د</u> س	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REFORMS	d LOCATION (CAY, town, or con Knoxville, Mar	yrand
	D. REGISTRAR	24. FUNERAL DIRECTOR C.H.Feete and Bro.Brunswic	ADDRESS k.Md.

VS. A15

PLEASE WRITE



5. SEX: Female

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 00740
	09/49
OTOT CERTIFICATI	E OF DEATH Reg. Dist. No. 13
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Y and and ale	STATE Marylqnd COUNTY Fred.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place) Frederick Life	TOWN Frederick
HOSPITAL OR	STREET (If rural g ve location)
INSTITUTION OR STREET ADDRESS 315 Madison Street	315 Madison Street
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Mary Elizabeth	Hall To DATE (Month) (Day) (Year) OF TO
	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR if UNDER 24 HRS. Morths Days Hours Min.
emale Colored (Specify): Wildowed Aug.	26. I\$60 95 yrs.
work done during most of working life. INDUSTRY:	R 11. HIRTHPLACE (State or foreign country). 12. CITIZEN OF WHAT COUNTRY?
even If retlred): Housewife বিক্রিক্টের্নিক করিবলৈ	Frederick Co.
13. FATHER'S NAME:	
<u>Unknown</u>	Unknown INFORMANT & ADDRESS:
(Yes no or unk) (If You give may or dated of	harles E. Hall 315 Madison St. Fred. Md.
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between
443X / / AC ON	reliace failure 3 mos
Immediate cause	and the symmetry of
Antecedent causes(s)	ava wo:
Diseases or conditions, if any, (b) (b) (b) (b) (c) giving rise to the above cause stating the underlying cause last.	
stating the underlying cause tast.	of arterosclesons in:
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDRIGS OF OPERATION	20. AUTOPSY ?
)	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 19/12. alive on 19/19, 195.5, and that death occurred at	1953, to 1953, that I last saw the deceased from the causes and on the date stated above.

OF INJURY 22. I hereby co alive on

LOCATION (City, Town, fir gounty)

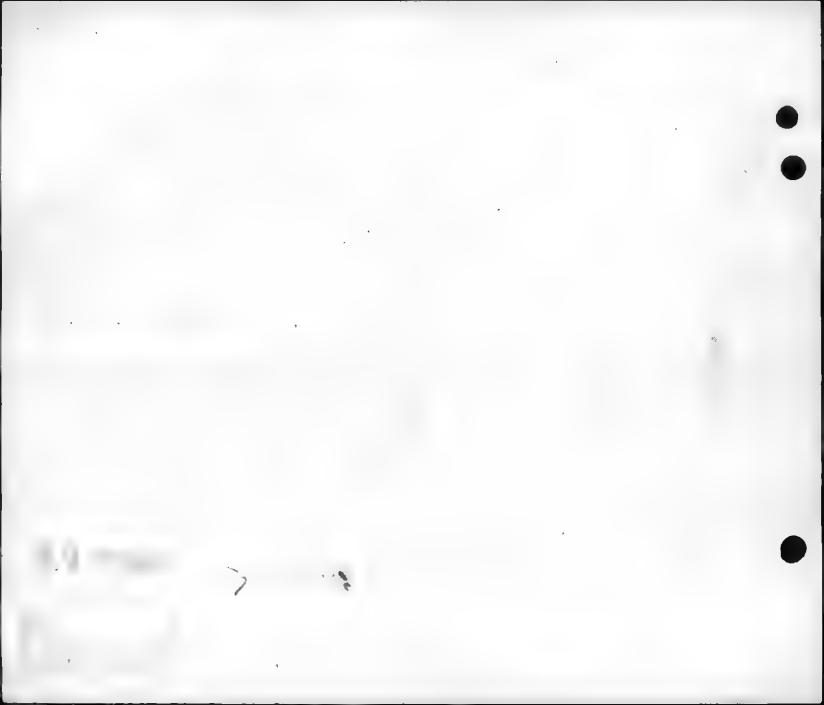
Md.

BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 0-21-55 St REGISTRAR'S SIGNATURE Johns LOCAL

Frederick 24. FUNERAL DIRECTOR

ADDRESS

Charles E. Hicks III Frederick, Md.



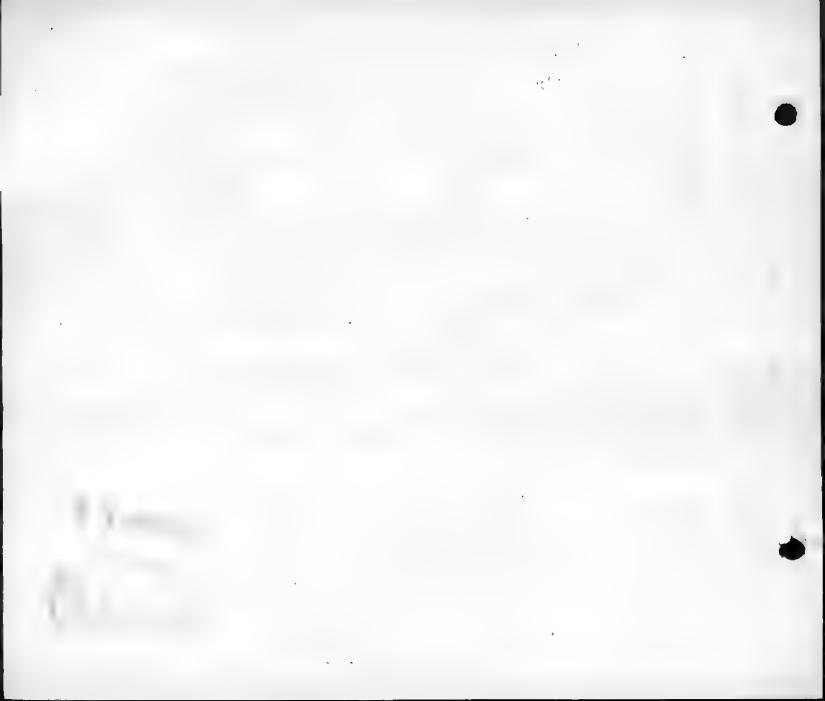
write the causes of death clearly and legibly.

Physicians: please

age is especially important.

0700 CERTIFICATE OF DEATH 09750

38.50	OBMITT TOTAL	3 01 1717/2	Reg.	Dist. No
I. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEAS	ED:
COUNTY Frederick	MARYLAND	STATE Mary	rland	COUNTY Frederick
CITY (If outside corporate limits, write	RURAL LENGTH OF STAY			RAL and give nearest town
OR and give nearest town) Frederick	(in this place) 55 years		lerick	11
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural give le	ocation) /
STREET ADDRESS 410 North B	lentz Street		North Bentz Str	eet
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) SHIRLEI		HALLER	DEATH: UCTODER	23 19 55
	WED DIVORSED, 8. DATE WED DIVORSED, August		Мол	the Days Hours Min.
Female White (Special Special		25, 1895	60 yrs.	I CITIZEN OF WHA
work done during most of working life.	10b. KIND OF BUSINESS OF INDUSTRY:			: I2. CITIZEN OF WHA
even if retired): Housewife	Own home	Pennsylvar		USA
Olivet Cleveland Gilbert		Dovie Clem		
15 WAS DECRASED EVER IN U.S. ARMEO FORCES!	16. SOCIAL SECURITY No.: 17.	INFORMANT & ADD		
(Yes, no, or unk.) (If Yes, give war or dates of service)	None M	rs. Millard G.	Wireman - Fred	erick. Md.
	18. MEDICAL CERTIFICATI			
1. DISEASES OR CONDITIONS DIRECTLY		0		Interval Between Onset And Deat
33 X	Circonal	hemanh	and.	10days
Immediate cause (a	1 111 11 111 11			
Antecedent causes (s) Diseases or conditions, if any,)			
giving rise to the above cause stating the underlying cause last. DUE	•			
(c				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but a	tot			
related to the disease or condition causing	death, FINDINGS OF OPERATION			20. AUTOPSY ?
THE STATE OF CLEARING TO STATE OF	CINDINGS OF OTERATION			Yes No
21. ACCIDENT (Specify) PLAC	E (Home, farm, factory, street,	CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJU	office bldg., etc.)	<u> </u>		
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	While at Not While	ROW DID INJURY	OCCUR?	
22. I hereby certify that I attended th	Work At Work	1 105-5 h Bar	1-3-2 10 CT Alas 1	Line new the decorate
(A) 4				
alive on (1950), and SIGNATURE	that death occurred at	LZ 30. R. 31, from	the causes and on the	DATE SIGNED
120 Ho.	mas mod	made		2124-55
23. BURIAL, CREMATION, DATE THERE BURIAL (Specify) Oct. 26.		RY OR CREMATORY	LOCATION (City, town	2.0 0 0
		et Cemetery 24. FUNERAL DIREC	Frederick,	Maryland Address
24 10 Th. 195- Ph. 0.7	_ N N _		Son - Frederic	
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1	The	MARYLAND STATE DEPARTMEN	· ·	09752
T	>	9758 CERTIFICATI	E OF DEATH Reg. Dist	. No. 139
*	carefully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
*	reg	COUNTY Frederick MARYLAND	STATE Maryland COUNTY All	egany
	1 .	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL s	and give nearest town)
	tion	X TOWN Cullen 10 days	TOWN Cumberland	01-02-2
	rly	HOSPITAL OR INSTITUTION OR THE ALL OF THE AL	STREET (If rural give location) ADDRESS 109 N. Chase Street	
	nfor	STREET ADDRESS Victor Cullen State Hospital		Α
	m of information death clearly and	3. NAME OF (First) (Middle) DECEASED: Edmund Joseph		Day) (Year)
	m o	(Type of Finit)	Cean, Jr. DEATH. Oct.	23 19 55
	ite	Male RACE: WIDOWED, DIVORCED, WIDOWED, Single 8/29	9/1928 27 yrs. Months E	Days Hours Min.
Ď	causes	tOA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Student 108 KIND OF BUSINESS OR INDUSTRY: Student	Maryland U.	COUNTRY?
Z	ly o	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Z	Supply ite the c	Edmund Joseph Kean, Sr.	Nancy Miller	
BI		15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
FOR BINDING		(Yes, no, or unk.) (If Yes, give war or dates of service) Korean War 216-22-5233	Patient.	
	UNFADING IN	16. MEDICAL CERTIFICATIONS DIRECTLY LEADING TO DEATH	FION	INTERVAL BETWEEN ONSET AND DEATH
R	AD s:	IMMEDIATE CAUSE (A) Pulmonary	Tuberculosis	11 months.
SS	N I I	ANTECEDENT CAUSE (\$)		
2		DISEASES OR CONDITIONS, IF ANY, (B)		
MARGIN RESERVED		STATING UNDERLYING CAUSE LAST. (C)		
MAF	* 82	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	NE	DISEASE OR CONDITION CAUSING DEATH.	IN .	
· · · · ·		The Ball of Edward Co. St. Edward Co		YES NO K
I	7 7	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, f	etory, 21c. WHERE DID (City or town) (Count, etc. 1NJURY OCCUR?	ty) (State)
-	55	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
	OR e	22. I hereby certify that I attended the deceased from Oct.	13. 19 55, to Oct. 23. 19 55, that I last	saw the deceased
- 53	E 80	alive on Oct. 23, , 19 55, and that death occurred at	6:10 M, from the causes and on the date	
01	A. Carrier	1/1/// ///	Cullen, Maryland Oct	ober 24, 1955
	SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or	
A15	PLEASE	Burial 10/26/55 S.S. Peter		
2/2	PI	DATE REC'D BY LOCAL REGISTRAN SIGNATURE	George Funeral Home. Cumberle	and. Md.



MARYLAND STATE DEPARTMENT OF HEALTH

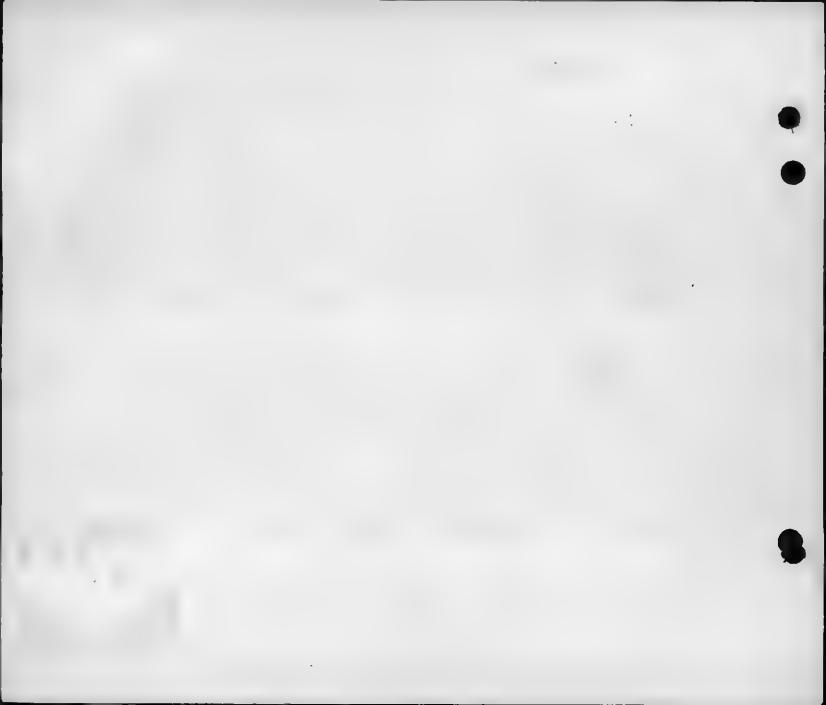
09753

CERTIFICATE OF DEATH

Reg. Dist. No. 131

9730 FOR MEDICAL EXAMINERS

COUNTY Frederick CITY (If outside corporate limits, write RURAL and LENGTH OS STAY CITY (If outside corporate limits, write RURAL and give searest town) RESPECTIVE COUNTY Frederick RESPECTIVE COUNTY FREDERIS LINES RESPECTIVE COUNTY FOR COUNTY FROM THE COUNTY FOR CO	1. PLACE OF DEATH	11.		# 2. UNUAL RESIDENCE (HOME) OF DECEASED.	
CITY Off counted corporate limits, write RURAL and DENOTE OF STAY OR BE well as a seriest town Frederick Therefore the State of Prederick Therefore the State of Stat	COLLEGE		Br A Proper A Servi			Frederick
Note Property Production				11.		
NSTRET DDRESS Apt. 5-C Watkins Acres STREET ADDRESS Apt. 5-C Watkins Acres III. BIRTHPLACE (State or foreign country) III. Wate Database Even in U.S. Address of U.S. Kind of Work Interest Anna Moore III. Wate Database Even in U.S. Address of U.S. Kind SECURITY No. III. WATE DATABASE EVEN IN U.S. ADDRESS APT. 5-C Watkins Acres III. WATE DATABASE EVEN IN U.S. ADDRESS APT. 5-C WATKINS ACRES III. BIRTHPLACE (State or foreign country) III. WATE DATABASE AND ADDRESS APT. 5-C WATKINS ACRES III. WATE DATABASE ADDRESS APT. 5-C WATKINS ACRES III. BIRTHPLACE (State or foreign country) III. MORRIMANT AND ADDRESS APT. 5-C WATKINS ACRES III. WATE DATABASE AND ADDRESS APT. 5-C WATKINS ACRES III. WATE DATABASE AND ADDRESS APT. 5-C WATKINS ACRES III. WATER DATABASE AND ADDRESS APT. 5-C WATKINS ACRES III. WATER DATABASE AND ADDRESS APT. 5-C WATKINS ACRES III. WATER DATABASE AND ADDRESS APT. 5-C WATKINS ACRES III. WATER DATABASE AND ADDRESS APT. 5-C WATKINS ACRES III. WATER DATABASE AND ADDRESS APT. 5-C WATKINS ACRES III. WATER DATABASE AND ADDRESS APT. 5-C WATKINS ACRES III. WATER DATABASE AND ADDRESS APT. 5-C WATKINS ACRES III. WATER DATABASE AND ADDRESS APT. 5-C WATKINS ACRES III. WATER DATABASE AND ADDRESS APT. 5-C WATKINS ACRES III. WATER DATABASE AND ADDRESS APT. 5-C WATKINS ACRES III. WATER DATABASE AND ADDRESS APT. 5-C WATKINS ACRES III. WATER DATABASE AND ADDRESS APT. 5-C WATKINS ACRES III. WATER DATABASE AND ADDRESS APT. 5-C WATKINS A	OR give nearest	town Frederick	in this place)	OR		
STREET ADDRESS ADT. 5-C WALKINS ACRES S. NAME OF OF CHIRCH DECRASED HELEN HELEN HILDRED S. SEX S. COLOR OR RACE S. STEVETTS, MARRIED S. SEX S. COLOR OR RACE S. SEX S. SEX S. SA STEVETTS S. SA ST	HOSPITAL OR				(If rural, give location)	1
3. NAME OF PERSON OCCUPATION IN LENGTH MARKED KEATS OF A DECEASED WHITE SAME COUNTY NAME OCCUPATION OF A DECEASED EVEN IN U.S. ANNEX PROMETED TO BE A DATE OF DEPARTMENT OF THE STONIFFICANT OCCUPATION OF A DECEASED EVEN IN U.S. ANNEX PROMETED TO BE A DECEASED OF THE DECEASED EVEN IN U.S. ANNEX PROMETED TO BE A DECEASED OF THE DECEA	STREET ADDRES	ss Apt. 5-C Wat	kins Acres	Andress Apt.	5-C Watkins Acres	3
DECEASED Type of Print) 5. SEX FORD SE				(Last)	1 4. DATE (Month)	(Day) (Year)
5. SEX 6. COLOR OR RACE N. STYTTEN, MARRIED 18. DATE OF BIRTH 9. AGE last birthday of 10 work 10	DECEASED				OF Ostab	
10. USUAL OCCUPATION (Give kind of work of red by kind of red by kind of red by kind of the work of the work of red by kind of the work of the wor					1	
10. USUAL OCCUPATION (Give kind of work of red by kind of red by kind of red by kind of the work of the work of red by kind of the work of the wor		1	WIDOWED DIVORCED. (Specify) Married		60 Months	Days Hours Min.
13. PATHER'S NAME ROPET BOLLINGET 16. WAS DECAMED EVAN IN U.S. ARMED FORCED 16. SECURITY NO. U. I. INFORMANT AND ADDRESS APT. 5-C WATKINS ACTES (Yes ag. or unknown) (II. yes, give war or dates of Unk	10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OF	11. BIRTHPLACE (State	or foreign country)	2. CITIZEN OF WHAT
16. MOTHER MADE ROBERT BOLLINGER 16. WAS DECRASED EVER IN U.S. ARMED FORCES! 17. INFORMANT AND ADDRESS APT. 5—C Watkins Acres (Yes, ag. or unknown) (If yes, give war or dates of No. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19. DATE OF OPERATION 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARYA, OR CONVRIBUTING OF OPERATION 19. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS 11. OTHER MONIB) (Day) (Year) (Hour) INJURY OCCURRED OF OPERATION 19. MAJOR FINDINGS OF OPERATION 22. Tertify that I took charge of the remains described above, held an Autopsy obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day staide above, and death in my opinion resulted from: notural couses [] accident [], suicide & homicide], water with the control of the day staided above, and death in my opinion resulted from: notural couses [] accident [], suicide & homicide], water with the control of the day staided above, and death in my opinion resulted from: notural couses [] accident [], suicide & homicide], water with the control of the day staided above, and death in my opinion resulted from: notural couses [] accident [], suicide & homicide], water with the control of the day staided above, not death in my opinion resulted from: notural couses [] accident [], suicide & homicide], water accident [], suicide & ho	done during most of w	ropking life, even if retired)	INDUSTRYOWN Home	Pennsylvania		COUNTRYTUSA
Robert Bollinger 16. Social Security No. 17. Informant and Address Apt. 5—C Watkins Acres Unk Was Decrased Even in U.S. Armed Forces? Unk 18. Medical Certification 19. Diseases or conditions, if any, grant and bore are last to the dest bore of conditions entirely the dest bore in the dest bor				1 14. MOTHER'S MAIDER	NAME	
16. SOCIAL SECURITY NO. Unk 17. INFORMANT AND ADDRESS ADU 5—C Watch its Acres Harold Keats, Frederick, Maryland 18. MEDICAL CERTIFICATION 18. MEDICAL CER				Anna Moore		
II. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Intrindiale cause Antecedent cause(s) Diseases or conditions, if any, getting the death but not conditions contributing to the death but not conditions conditions contributing to the death but not conditions contributing to the death but not conditions conditions conditions contributing to conditions condition			7 LE Comet Crossman No.	17 INFORMANT AND	Properse Aut. 5-C Wa	dicinis Acres
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Inmediate cause (a)	NO	service)	1 UIIK	1 haroid keads,	Frederick,	marytanu
Immediate cause Antecedent cause Antecdent cause Antecedent cau			I8. MEDICAL CE	RTIFICATION		Intermediat Discoversal
Antecedent cause (a)	I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			
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giving rise to the above cause start for the death of the control	Anteceder	nt cause(s)	ans ex En la	seration of	mode on	
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related to the disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY! 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, of office bidgs, stc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY occurred work at work 10 not aired by said Autopsy. Inspection or Inquiry, find that and deceased died on the day staided above, and death in my opinion resulted from: notural couses [7] accident [7], suicide [8], homicide [7], undetermined [8]. 21. BURNATURE DATE SIGNED Cremation (Specify) 1 Nov 1955 Cedar Hill Crematory Suitland, Maryland DATE RECT BY LOCAL REGISTRAR'S SIGNATURE 22. Function X, Inquiry thereon ond from the evidence obtained by said Autopsy, Inspection or Inquiry, find that and deceased died on the day staided above, and death in my opinion resulted from: notural couses [7] accident [7], suicide [8], homicide [7], undetermined [8]. 23. EVERTAIN, CREMATION DATE THEREOF NAME OF GEMETERY OR CREMATORY LOCATION (Chy, town, or county) (State) Cremation (Specify) Nov 1955 Cedar Hill Crematory Suitland, Maryland DATE RECT BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Maryland Name of Son Endonick Maryland Name of Son Endonick Maryland Name of Son Endonick Name of Son En	II. OTHER SIGNIFI	CAN'T CONDITIONS		011 -		
21. EXTERNAL CAUSE WAS PRIMARYL OR CONTRIBUTING OF office bldg., stc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Work of INJURY 22. I certify that I took charge of the remains described above, held an Autopsy Inspection of Inquiry in the remains described above, held an Autopsy Inspection of Inquiry in the remains described above, held an Autopsy Inspection of Inquiry in the remains resulted from: notwal couses (I) accident suicide to homicide undetermined of the country of the remains described above, and death in my opinion resulted from: notwal couses (I) accident suicide to homicide undetermined of the dry stated above, and death in my opinion resulted from: notwal couses (I) accident to homicide undetermined to homicide			h.	0		
21. EXTERNAL CAUSE WAS PRIMARYL OR CONTRIBUTING Of office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not white INJURY To certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notural couses (I) accident (I), suicide (I), homicide (I), undetermined (I). SIGNATURE 21. BURIAN, CREMATION DATE THEREOF (NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Cremation (Specify) 1 Nov 1955 (Cedar Hill Crematory Suitland, Maryland DATE RECO BY LOCAL REGISTRAR'S SIGNATURE REPORT A LOCAL REGISTRAR'S SIGNATURE NAME OF CEMETERY OR CREMATORY Southead Maryland ADDRESS Ly Published Company Southead Maryland ADDRESS REPORT A LOCAL REGISTRAR'S SIGNATURE REPORT A LOCAL REGISTRAR'S S) 20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARYL OR CONTRIBUTING Of office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not white INJURY To certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notural couses (I) accident (I), suicide (I), homicide (I), undetermined (I). SIGNATURE 21. BURIAN, CREMATION DATE THEREOF (NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Cremation (Specify) 1 Nov 1955 (Cedar Hill Crematory Suitland, Maryland DATE RECO BY LOCAL REGISTRAR'S SIGNATURE REPORT A LOCAL REGISTRAR'S SIGNATURE NAME OF CEMETERY OR CREMATORY Southead Maryland ADDRESS Ly Published Company Southead Maryland ADDRESS REPORT A LOCAL REGISTRAR'S SIGNATURE REPORT A LOCAL REGISTRAR'S S						V- C No.
PRIMARYL OR CONTRIBUTING OF office hdd. stc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Work How DID INJURY OCCUR? OF INJURY 22. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notural couses accident suicide homicide numberermined DATE SIGNATURE 21. BURIAN CREMATION DATE THEREOF NAME OF COMMETERY OR CREMATORY LOCATION (City, town, or county) Cremation Signature Signature Suitland, Maryland DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Son Frederick Maryland Address Maryland Address Maryland Address Maryland Address Maryland Address Maryland Maryland	21 EXTERNAL CA	USE WAS I PLA	CE (Home form Inchesy street	(CITY OR	TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not white m. Work How DID INJURY OCCUR? 22. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notural couses accident , suicide X, homicide , undetermined DATE SIGNATURE 21. BURIAN CHEMATION DATE THEREOF NAME OF COMMETERY OR CREMATORY LOCATION (City, town, or county) (State) Cremation (Specify) 1 Nov 1955 Cedar Hill Crematory Suitland, Maryland DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 22. FUNERAL DIRECTOR ADDRESS RECO A WARNAL AND A STATE OF COUNTY ADDRESS NAME OF COMMETTERY OR CREMATORY Son Fredomick Maryland	PRIMARYL, OR CO	ONTRIBUTING _ OF	office bldg., etc.)	-71- N	191	30
22. I certify that I took charge of the remains described above, held an Autopsy Inspection of Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notural couses accident, suicide homicide, undetermined accident accident (Degree or title) 21. BURNATURE 22. ELEMATION DATE THEREOF NAME OF COMETERY OR CREMATORY LOCATION (City, town, or county) Cremation Specify 1 Nov 1955 Cedar Hill Crematory Suitland, Maryland DATE RECO BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS RECO A WARNAL AND AND AND ADDRESS L. FUNERAL DIRECTOR FUNERAL SIGNATURE ADDRESS RECO A WARNAL AND		· · · · · · · · · · · · · · · · · · ·		777		1 / Per
22. I certify that I took charge of the remains described above, held an Autopsy Inspection of Inquiry thereon ond from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: notural couses of accident suicide the homicide madermined stated above, and death in my opinion resulted from: notural couses of accident suicide the homicide madermined stated above, and death in my opinion resulted from: notural couses of accident suicide the homicide madermined stated above, and death in my opinion resulted from: notural couses of accident suicide the homicide madermined stated above, and death in my opinion resulted from: notural couses of accident suicide the notation of the day stated above, and death in my opinion resulted from: notural couses of accident suicide the notation of the day stated above, and death in my opinion resulted from: notural couses of the resulted from: notural couses of the remains described above, and death in my opinion resulted from: notural couses of the remains described above, and death in my opinion resulted from: notural couses of the remains described above, and death in my opinion resulted from: notural couses of the remains described above, and death in my opinion resulted from: notural couses of the remains described above, and death in my opinion resulted from: notural couses of the remains described above, and death in my opinion resulted from: notural couses of the remains described above, and death in my opinion resulted from: notural couses of the remains described above, and death in my opinion resulted from: notural couses of the remains described above, and death in my opinion resulted from: notural couses of the remains described above, and death in my opinion resulted from: notural couses of the remains described above, and death in my opinion resulted from: notural couses of the remains described above, and death in my opinion resulted from: notural couses of the remains	TIME (Month)	(Day) (Year) (Hour)		HOW DID INJURY OF	CCURI	
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SIGNATURE Considered and suicide to the suicide to	en 17 (17)1 (7			F	z= 7	to and the subdence
SIGNATURE Considered and suicide to the suicide to	22. I certify that I	took charge of the rema	ins described above, held an a	Autopsy Inspection	, Inquiry thereon ond	from the evidence
SIGNATURE (Degree or title) ADDRESS Light Maryland Cremation (City, town, or county) Cremation (Specify) 1 Nov 1955 Cedar Hill Crematory Date Registrar's Signature ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRA	from the oy sai	a Autopsy, Inspection of	r inquiry, jina inu suia aeci	easea area on the ary stu	ea avove, and aeath in my	opinion resuited
21. BURIAD, CREMATION DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) (State) Cremation (Specify) 1 Nov 1955 Cedar Hill Crematory Suitland, Maryland DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) (State) Cremation (Specify) 1 Nov 1955 Cedar Hill Crematory Suitland, Maryland DATE THEREOF 1 Nov 1955 Cedar Hill Crematory Suitland, Maryland DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) (State) Cremation (Specify) 1 Nov 1955 Cedar Hill Crematory Suitland, Maryland DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) (State) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (CITY, town, or cou		couses (3 arctaen [ADDRESS-	101	DATE SIGNED
21. BURIAD, CREMATION DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) (State) Cremation (Specify) 1 Nov 1955 Cedar Hill Crematory Suitland, Maryland DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) (State) Cremation (Specify) 1 Nov 1955 Cedar Hill Crematory Suitland, Maryland DATE THEREOF 1 Nov 1955 Cedar Hill Crematory Suitland, Maryland DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) (State) Cremation (Specify) 1 Nov 1955 Cedar Hill Crematory Suitland, Maryland DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) (State) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (City, town, or county) DATE THEREOF NAME OF COMMETTERY OR CREMATORY LOCATION (CITY, town, or cou	SIGNATURE	De cont	C. Sal A A -	- Fred	CC14, 1376	201 101
Crenation (Specify) 1 Nov 1955 Cedar Hill Crematory Suitland, Maryland DATE RECORD BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS A PROPERTY A PROP	/>	Il finnes	mo Ispaning m		E- (C2)	191-93
Crenation (Specify) 1 Nov 1955 Cedar Hill Crematory Suitland, Maryland DATE RECORD BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS A PROPERTY A PROP	23. BURIAD, CREM	ATION DATE THERE	OF NAME OF GEMETE	RY OR CREMATORY	LOCATION (City, town, or coun	ity) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS A D D D D D D D D D D D D D D D D D D	Cremation Spec	271				
BEA A A						
I Worke 1945 Charles of Health of Health of the House I was I the Health of the Health	RECA A A	- 00 00	0. 11 0			
	-) Mayar F	150 Charles	a J. Heir	, we ire hochtao.	i a bong ricution	



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15-24-55 et 0754

t	9731	CERTIFICATI	E OF DEAT	H Reg. Di	ist. No. 131
13.	1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEAS	ED.
20	COUNTY Frederick	MARYLAND	STATE Maryla	and county Fre	derick
aria se	CITY (If outside corporate limits, write on and give nearest town) Frederick	RURAL LENGTH OF STAY (in this place) 19 Years	CITY(If outside cor	rporate limits, write RURAI derick	
cariy	HOSPITAL OR INSTITUTION OR STREET ADDRESS 705 Motter	Avenue	STREET ADDRESS	(If rural give location) 5 Motter Avenue	/
earn c	3. NAME OF (First) DECEASED: (Type or Print) LUDWIG	· HENRY KI	(Last) ERN	4. DATE (Month) OF DEATH: October	(Day) (Year) 15, 19 55
D IO S	Male White (Specify	Married October	r 2, 1989,1888	AGE last birthday Ir under Months	Days Hours Min.
cause	work done during most of working life, even if retirearpenter	OB KIND OF BUSINESS OR INDUSTRY:	Maryland	ate or foreign country): 1;	2. CITIZEN OF WHAT COUNTRY? USA
מוב	13. FATHER'S NAME:		14. MOTHER'S MAIL		
e .	Adam Kern		Freda Derr		
* WIL	(Yes, no, or unk.) (If Yes, give war or dates NO	213-18-07/1/1		ADDRESS: 705 Motte Kern, Frederic	
ease		18. MEDICAL CERTIFICAT		1101119 11000110	INTERVAL BETWEEN
rnysicians; pi	I DISEASES OR CONDITIONS DIRECTLY IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Pulma DUE TO	nonin	y serve	2 weeks
SOFCANC	II OTHER SIGNIFICANT CONDITIONS C. TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING D	THE arteris	ordersta Neu	nt Discan	2 years
ty impor	19A. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATION	V		20. AUTOPSY?
ecial	OR CONTRIBUTING CAUSE OF DEATH O		etc. INJURY OCCUR?	(City or town) (Con	unty) (State)
18 es	21D. TIME (Month) (Day) (Year) (Hour) OF TNJURY M	While Not while at work at work	21F. HOW DID INJ	URY OCCUR?	
correct age	22. I hereby certify that I attended to alive on S. D. A	d that death occurred at	4:15A.M. from the		e stated above. ATE SIGNED 10-17-1955
	Burial Oct. 18,	1955 Mount Olive	24. FUNERAL DIR	ECTOR	aryland ADDRESS
	17 Odol 1955 Elinal	the y teck	M. R. Etchiso	on & Son, Fr de	rick, Maryland

A .V UABAINO

OCT 19 1955

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9759	09755
MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18 Reg. Dist.
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 131
. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Frederick MARYLAND	state Maryland county Frederick
OR and give nearest town) TownFrederick-RuralR.D.#5, LENGTH OF STAY (in this place) Years	OR TOWN Frederick-Rural-R.D.#5
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS Bower's Road	ADDRESS Bower's Road
NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) WQ V(m IRA	Kline DEATH October 19, 155
Male White 7. SINGLE, MARKIED, 8. DATE WIDOWED, DIVORCED. (Specify): Widower April	E OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. 5, 1899 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
os. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS Of work done during most of work life, INDUSTRY; even if Reference Farm Laborer Farm	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Marvland USA
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles D. Kline	Iola Ann Rebecca Kline
16. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
	Mr. C. Milton Kline, Frederick, R.D. #5, Md.
18. MEDIC.	AL CERTIFICATION INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
Immediate cause (a) 5 tares ulat	tion Nours
DOE TO ,	
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause DUE TO	
stating underlying cause last (c)	
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
9a. DATE OF OPERATION: 1 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?

21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,

21d. TIME (Month) (Day) (Year)

28. BURIAL, CREMATION,

INJURY

21f. HOW DID INJURY OCCUR?

at work

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and

21c. (City or town)

Natural causes , Accident , Suicide , Homicide , find that death resulted from: SIGNATURE

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. M. D. NAME OF CEMETERY OR CREMATORY

DATE SIGNED LOCATION (City, town, or county) (State)

Undetermined cause

Burial (Speelfy): Rocky DATE REC'D BY REGISTRAR'S

Nr. Frederick, Maryland Springs Cemetery ADDRESS M. R. Etchison & Son, Frederick, Maryland

(County)

DATE THEREOF

(Hour)

21c. INJURY While at

work [

Yes No No

(State)



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BINDING	
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N RESERVED	
MARGIN	

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clearly and

디료니	DECEASED:	(40.00)
m or death	(Type or Print) WILLIAM MARIN MC GAEN DEATH: (LC) , 2	0 1955
	5. SEX: 6. COLOR OR 7. CHROLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday I UNDER 1 Y. RACE: WIDOWED, DIVORCED,	EAR IF UNOTE 24 HRS.
	m RACE: WIDOWED, Workers, West 1877 17 yrs. Months D.	ays Hours Min.
every	IOA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS 11/ BIRTHPLACE (State or foreign country): 12.	
aus ev	work done during most of working life, OR INDUSTRY:	COUNTRY
	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	USA
the	IS. FAIRERS NAME:	
Supply te the c	Weller Martin MC Grew Mary Suran Harries	
	15. WAS DECEASED EVER IN U.S. ARMEO FORCEST 16. SOCIAL SECURITY NO. 17, INFORMANT & ADDRESS:	mes, Pa.
	(Yes, no, or unk.) (If Yes, give war or dates 215-26-1125 Dryn Richard L. Patchet 466 Wesh	May Jernace
NG IN please	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
5	42 in la De la Cardia son alle	164111-
Z 2	IMMEDIATE CAUSE (A) A COME CONTROL CONTROL	10 pours
TH UNF	ANTECEDENT CAUSE (8) DUE TO alsense	
ysi	DISEASES OR CONDITIONS, IF ANY. (B)	
with	STATING UNDERLYING CAUSE LAST.	
t. Y	(C)	
200	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ort 5	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
AINLY	19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
		YES NO
PL.	21a. ACCIDENT WAS UNDERLYING 21s. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (Count	
/RITE PI especially	2IA. ACCIDENT WAS UNDERLYING ☐ 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR? (If Either, NoTify Medical Examiner)	y) (State)
WRIT	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
5	OF INJURY While Not while at work at work	
OR se is		
age a	22. I hereby certify that I attended the deceased from June 1, 1953, to Co. 20, 1955, that I last	
四幅	alive on 101.20, 195 5, and that death occurred at 7.50 P.M. from the causes and on the date s	stated above.
et K	SIGNATURY ADDRESS - / /// DAT	E SIGNED
SE TYI	Servaro a lamas of M.D. Trederick for all	162,1193
S	23. BURIAL, CHEMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or	county) (State
PLEASE TYPE correct ag	Burial act 24/1955 mt. Hage Woodsboro	md.
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS
	123 O.F. 1950 Elizabetto y. Hech & C. Barton Uplkersvelle.	met.
	THE THE PARTY OF T	

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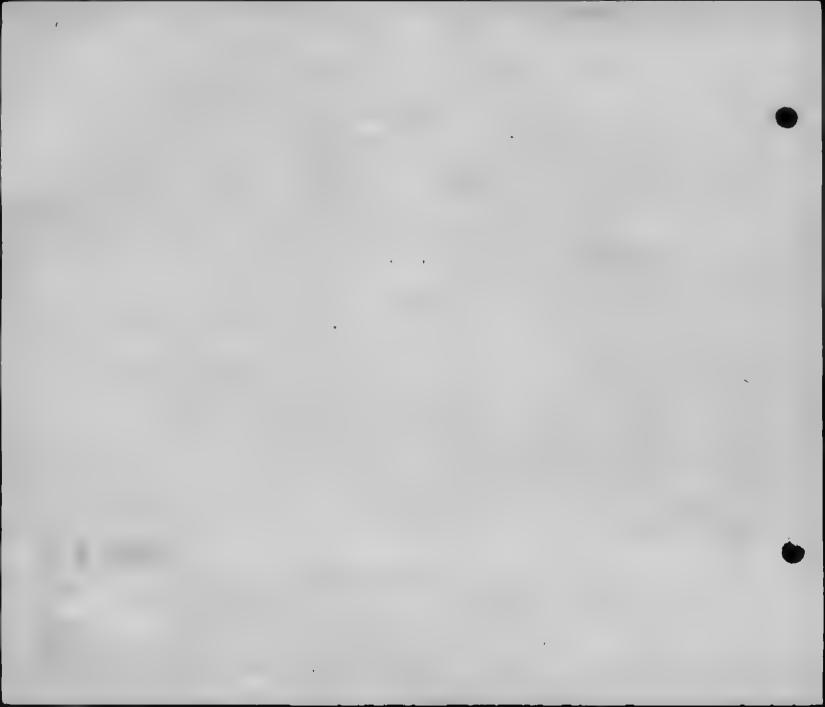
¥.	9733 CERTIFICATE OF	DEATH Reg. Dist. No. 3		
fully.	1 PLACE OF DEATH- 2. USL	AL RESIDENCE (HOME) OF DECEASED:		
information carefully clearly and legibly.	COUNTY Frederick MARYLAND STA	TE MD COUNTY Frederick His outside corporate limits, write RURAL and give nearest town)		
		'N Creegerstown ×		
	HOSPITAL OR STR INSTITUTION OR ADD			
nfo	gstreet addressredk. Mem. Hospital 3. NAME OF (First) (Middle) (Last)	4. DATE (Month) (Day) (Year)		
of att	DECEASED: (Type or Print) CLARA BELL Morris	4. DATE (Month) (Day) (Year) OF DEATH: Oct. 24 1955		
item of de	PACE. I WILDERSON DUMPERS	TH: 9. AGE last birthday ir UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min.		
		THPLACE (State or foreign country): 12. CITIZEN OF WHAT		
causes	work done during most of working life. even if retired) Housewife Own Home	W. Va. COUNTRY?		
Supply ite the c		THER'S MAIDEN NAME:		
K. Su write		Anna Bell		
UNFADING IN sicians: please	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN		
	11521	ONSET AND DEATH		
FA ans	IMMEDIATE CAUSE (A) Cerebra Th. DUE TO Fight side	rombosis - hemiphie la 18/5.		
	ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. (B) Arteriasclerat	ric Cardio Vascular ? Yrs.		
WITH at. Phy				
, W	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
AINLY, Wimportant.	DISEASE OR CONDITION CAUSING DEATH. PREUMONIA B	Juteral - Friedlander's 4 NKS.		
WRITE PL.		20. AUTOPSYT		
	21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	215. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work			
Se O	22. I hereby certify that I attended the deceased from 10/6/55, 19, to 10/34, that I last saw the deceased			
O 의	alive on 10/24, 19 55, and that death occurred at 730PM, from the causes and on the date stated above. ADDRESS DATE SIGNED			
SE		REMATORY LOCATION (Cit), town, or county) (State)		
EA	Burial Oct 27.1955 Mt Carmel Cen.	Tnurmont .Fredk.Co.Md		
PL		Creager & Son. Thurmont.		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09758



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 COLLEC MEDICAL EXAMINER'S CERTIFICATE DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: I. PLACE OF DEATH: carefully. The STATE Maryland county Frederick Frederick COUNTY MARYLAND CHTY (If outside corporate limits, write RURAL CITY (If outside corporate limits write RURAL and give nearest town) LENGTH OF STAY OR and give pearest town) (in this place) TOWN Jefferson STREET HOSPITAL OR (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS George Wiles Road information clearly 8. NAME OF DECEASED: (Middle) (Last) 4. DATE (Day) (First) (Month) (Year) 1955 ODEN (Type or Print) RONALD THOMAS DEATH October 6. COLOR OR 7. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS. WIDOWED, DIVORCED: RACE: Months (Specify): Married October 24. 10a. USUAL OCCUPATION (Give kind of | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, even if rejoid : Driver INDUSTRY: COUNTRY FOR BINDING Const. Co. Maryland 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Fannie Zepp Thomas D. Oden Supply every 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of 215-20-8856 Mrs. Kathleen K. Oden, Jefferson, Maryland service) No IS. MEDICAL CERTIFICATION RESERVED INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH Francisco. Frusted rube bath we by Immediate cause UNFADING Physicians: p Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO + right side stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE AINLY, WITH ally important. DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes 🗌 No 🔽 21a. EXTERNAL CAUSE WAS
PRIMARY P or CONTRIBUTING CAUSE OF DEATH (State) 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) street, office bldg., etc., INJURY PARTY MET 21f. HOW DID INJURY OCCURA. 21d. TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURREDO While at Not while Cas T'Bonk Tred Twists can one Chief work J at work PL 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes [], Accident [X], Suicide [], Homicide [], Undetermined cause []. CHIEF MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. W NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION, LOCATION (City, town, or county) ES REMOVAL (Specify) : Frederick Memorial Park burial M. R. Etchison & Son, Frederick, Maryland





MARYLAND STATE DEPARTMENT OF HEALTH

9735

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED-	V 0 1		
TIBLESCE MARYLAND	Mill Fill	12		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (In this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)		
1/2000 of religions to a yes	The Julium to	11		
HOSPITAL OR AND	STREET ADDRESS 3 (If rural, give location)	. /		
E STREET ADDRESS La Quelet Manufact Hory	ADDRESS 205 Bruiteliete Cin			
3. NAME OF DECEASED Min gieret & Willa Ra	(Last) 4. DATE (Month) OF DEATH CIT	(Day) (Year)		
5. SEX 6. COLOR OR RACE 1.7. SINGLE MARRIED	8. DATE OF BIRTH 9. AGE last birthday If under	1 year ill under 24 hrs		
WIDOWED, BIVORCED, (Specify) Widow	3/4/1885 70 yrs. Months.	Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even, if retired) 10b. Kind of Business of Industry		COUNTRY OF WHAT		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Ven M. Dowers	Mury Elen Santa	and a		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT	1/2		
service)				
18. MEDICAL CEL I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH		
	- 1/ - 10	ORSEL AND DEATH		
1120 Immediate cause (a) Arterior Charles	i/ Leart of years with	long		
Antecedent cause(s) Congestive fail	en par			
Diseases or conditions, if any, (h)				
giving rise to the above cause stating the underlying cause last	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
II. OTHER SIGNIFICANT CONDITIONS	d A a d	B		
Conditions contributing to the death but not related to the disease or condition causing death.	Conlateral	2 days		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
		Yes No D		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?			
OF INJURY m. While at Not While Work At work				
	10/3 10/5			
22. I hereby certify that I attended the deceased from				
alive on 10/2, and that death occurred at 3 m., from the causes and on the date stated above.				
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED		
Henry Chase M. L. &	& Church It	10/4/5-5		
23. BURIAL CHEMATION DATE NAME OF CEMETE	1 7 1 7	1 1 12 1/		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	21_FUNERAL DIRECTOR	ADDRESS A		
40th 1955 Elizabeth & Heck.	A 9 toutiles Judert	11Kl		
	/			

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR MINDING

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Co Co

136 fr\0800

9737

MARYLAND STATE DEPARTMENT OF HEALTH

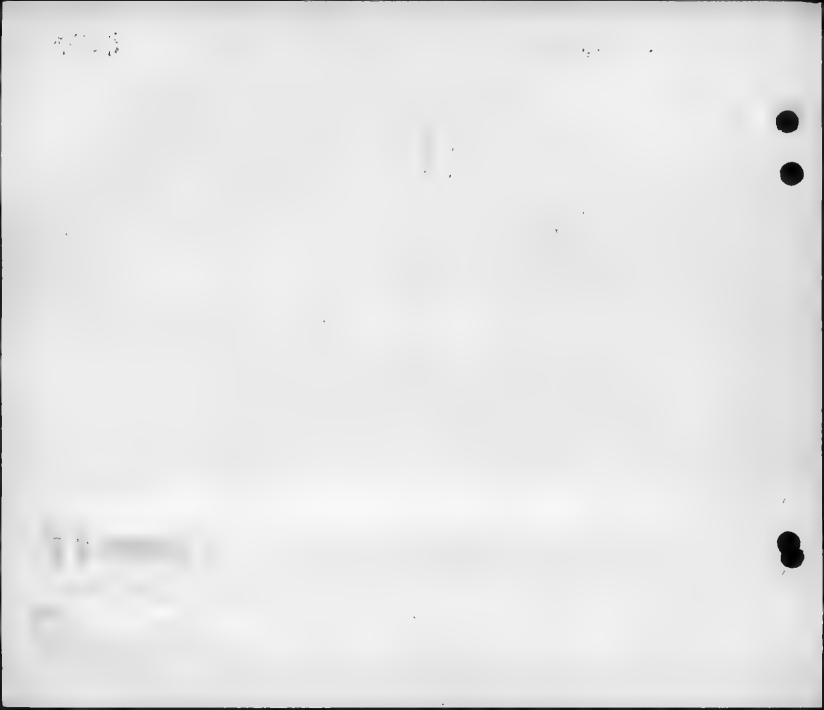
CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

09763

I. PLACE OF DEATH- COUNTY Frederick MARYLAND	2. USCAL RESIDENCE (HOME) OF DECEASED. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Frederick Lifethia place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 North Market Street	STREET (If rural, give location) ADDRESS 144 B & O Avenue
3. NAME OF (First) (Middle)	(I 4. DATE (Month) (Day) (Yea
(Type of Print) ROBERT GREGORY	SCHILL DEATH October 10 19
5. SEX 6. COLOR OR RACE 17. SINGLE, MARRIED.	November 17, 1903 51 yrs. H under year Houre M
10s. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or done dusing most of working life, even if refired) Industry Loard of Education Doard of Education	H. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WAR COUNTRY? Warvland
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME
John E. Schill	Louise M. Topper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (It yes, give war or dates of	17. INFORMANT AND ADDRESS
$\frac{100}{100}$ inervice) $100/4^{-}/0^{-}T36/$	Mrs. John E. Cooper - Frederick, Maryland
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset and Dea
Immediate cause (a) Lionanny	Varlingary Brunt
Immediate cause (a)	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause fact	
te)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg, etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not while INJURY m. work at work	HOW DID INJURY OCCURT
from: natural causes K3 accident [7, suicide 1], homicide 7, SIGNATURE (Degree or title)	eased died on the dry stated above, and death in my opinion resulted undetermined ADDRESS DATE SIGNE Tracket - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
21. BURIAL CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 10 - 12 - 55 Mount Olive	t Cemetery Frederick, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12 Odoley 1955 Eligheth & thech	C. E. Cline & Son - Frederick, Maryland



WRITE PLAINLY, WITH UNFADING INK.

correct age is especially important. Physicians:

Supply every item of information carefully. The

please write the causes of death clearly and legibly.

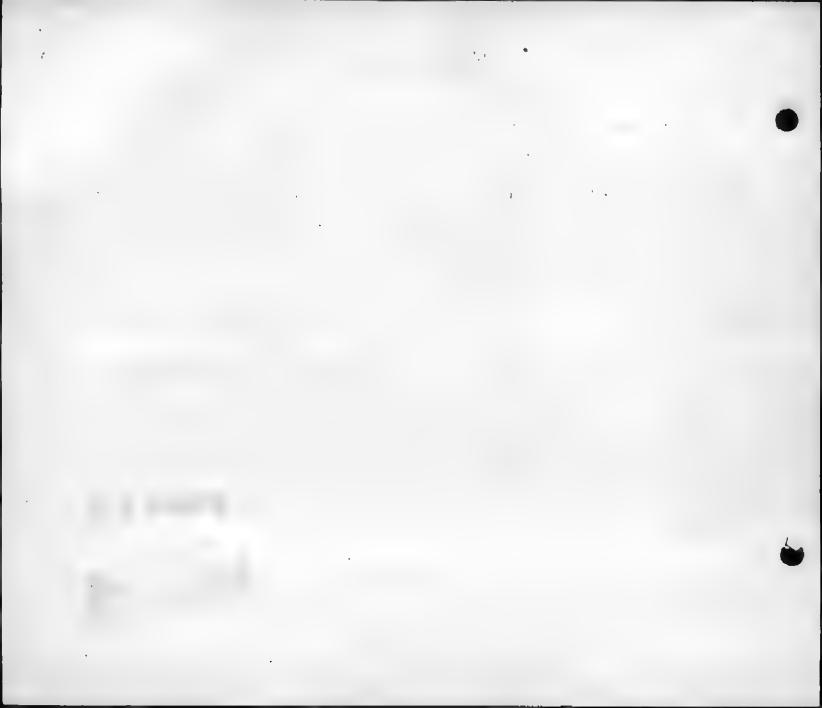
DATE REC'D

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00000				
• 9738 CERTIFICATI		No. 31		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:		
COUNTY Frederick MARYLAND	state Md county Free	lerick		
CITY tilf outside corporate limits, write RURAL LENGTH OF STAY	CITTIIf outside corporate limits, write RURAL a			
OR and cive mearest town) Frederick 5 da	Form Emmitaburg Rural			
HOSPITAL OR INSTITUTION OR STREET ADDRESSTREET ADDRESSTRE	STREET (If rural give location)	/		
3. NAME OF (First) (Middle) DECEASED:		Day) (Year)		
(Type or Print) /// HKY LUU SE	DEATH.	3 • 19 55		
5. SEX: 6. COLOR OR/7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y			
Female White (Specify) Married July	16th 1890 65 yrs. Months D	aya Hours Min.		
10A USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS work done during most of working life. OR JNDUSTRY:	11. BIRTHPLACE (State or foreign country). 12.	CITIZEN OF WHAT		
work done during most of working life. even if retire Housewife Own Hone	Penna. U	COUNTRY?		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Alexander Knott	Annie Bowman			
IS. WAS DECEASED EVER IN U.S. ARMED FORCES! IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
(Yes, no, or unk.) Iff Yes, give war or dates No of service) NO NO	J.Edward Seltzer Emmitsbur	rg R.D.Md		
18, MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN ONSET AND DEATH		
197.9 IMMEDIATE CAUSE (A) General	lized Carcinomatosis	6 mos.		
DUE TO				
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO	Site undetermined)			
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pathological	l Fracture Femur, left.			
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?		
		AE2 NO X		
21a ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	y) (State)		
OF INJURY - M. ZIE INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 18 00	, 1955, to 23 Oct , 1955, that I last	saw the deceased		
SIGNATURE		re signed		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or			
	thony Cem. St. Anthony Free	IK.CO.Md		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRARA 25 Odden 195 - Linguistrar's SIGNATURE	M.L. Creager & Son Thurmo	nt .Md		



VS. A15-10-53

PLEASE TYPE OR



MARYLAND	STATE	DEPARTMENT	0F	HEALTH—BALTIMORE, 18
				•

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No

t)	MARILAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
orre	MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	No
Je 0	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
E A	COUNTY Frezele & Let MARYLAND	STATE Waryland COUNTY Montgome	rv
giv.	CITY (if outside corporate limits, write RURAL LENGTH OF STA) (in this place)		d give nearest town)
ful	OR and give nearest town) (in this place) TOWN Frederick	TOWN Boyds	- X -
are	HOSPITAL OR INSTITUTION OR INSTITUTION OR	STREET (If rural, give location)	
E A	STREET ADDRESS Frederick Hospital	ADDRESS	V
death clearly and legibly.	3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (Date of DEATH (Last)	y) (Year)
o g	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT	TE OF BIRTH: 9. AGE last birthday; IF UNDER 1	YEAR IF UNDER 24 HRS
in	Prale Want (Specify):	7/1883 73 yrs. Months I	Days Hours Min.
0 44	10a. USUAL OCCUPATION (Give kind of No. KIND OF BUSINESS (work done during most of work life, INDUSTRY:		CUNTRY?
em ss c	even if resignationed Farm Owner	Dayton, Md	COUNTRIL
Supply every item write the causes o	I3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
re s	Hamilton H. Sampson	Laura B. Johnson	
the ch	15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
10 S	No service) 214-30-2230	Mrs. Walter Prown, Dayton, Md	
Sup Vrije	18. MEDIO	CAL CERTIFICATION	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	P .	ONSET-AND DEATH
INK.	Immediate cause (a) Clary sorte	feetazis	2 hrs.
	DUE TO		
N. S.	Antecedent cause(s) Diseases or conditions, if any, (b)		
Dia	giving rise to the above cause DUE TO		, , , , , , , , , , , , , , , , , , , ,
ysic y	stating underlying cause last (c)		1
UNFADING Physicians:	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	DISEASE OR CONDITION CAUSING DEATH		
TI	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
yo.	AL DESCRIPTION OF THE PARTY OF	(Character)	Yes No.18
WRITE PLAINLY, WITH	21s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., et INJURY	y, 21c. (City or town) (County)	(State)
NA.	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while	21f. HOW DID INJURY OCCUR?	
LA	INJURY M. work at work		
Special Specia	22. I hereby certify that I took charge of the remains descr		
TI	find that death resulted from: Natural causes of, Acc	CHIEF MEDICAL PYAMINED (7)	rmined cause
(R)	13 100 1	DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	PF + 12-
≥ 50 si	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or c	$\frac{1}{1}$ (State)
Ri S	REMOVAL (Specify):		(Dudle)
E	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR CON-	ADDRESS
PLE	PO (1) (1) Hedrice	F.C. Higinbothom, Ellicott City,	Md.

F.C. Higinbothom, Ellicott City, Md.

MARGIN RESERVED FOR BINDING

A15A - 5 - 53



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

OMAG	
9740	CERTIFICATE OF DEATH

09766

. The	9740 CERTIFICATE OF DEATH Reg. Dist	. No. 13
ully.	1. PLACE OF DEATH: 2 USUAL RESIDENCE (HOME) OF DECEASES	D:
carefully legibly.	COUNTY - Trederick MARYLAND STATE Pennsylvanicounty	
	OR and give nearest town), / (in this place) OR	ind give nearest town)
stic y an	HOSPITAL OR STREET (If rural give location)	X - J
of information ath clearly and	INSTITUTION OR JARRE Pines nursing Hohie ADDRESS	V
inf h el	S. NAME OF (First) (Middle) (Last) 4. DATE (Month) (DECEASED: OF	Day) (Year)
	(Type or Print) CARROLL LEE DANTH DEATH: (CC)	18 19 55
it of	TARE DIVORGE DIVORGE	Daya Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
y e	even if retired) Restaurant own business Maryland	US.A.
Supply ite the c	13. FATHER'S NAME:	
K. Su write	19. WAS DECEASED EVER IN U.S. ARNED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
	(Yes. to, or unk.) (If Yes, give war or dates	1114.1
	18. MEDICAL CERTIFICATION.	INTERVAL BETWEEN
ING ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
UNFADING sicians: plea	IMMEDIATE CAUSE (A) Browle preumonia	3 weeks
NFi	ANTECEDENT CALISE (S)	
E _m	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO Tholography, medicaland, type understand DUE TO	months
1	(C)	
- 03	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
AINLY	DISEASE OR CONDITION CAUSING DEATH, 19a, DATE OF OPERATION: 19B, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7		YES NO
TE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 1NJURY OCCUR? (Countries of the countries of t	ty) (State)
> m	OF INJURY M. Class	
O e	22. I hereby certify that I attended the deceased from Sept. 30, 1937, to Oct. 18, 1957, that I last	saw the deceased
PE 8	alive on Sept 30 , 1957, and that death occurred at 7.4 SAM, from the causes and on the date	
SE TY]	75 00 00 7	TE SIGNED
SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or	
EA	Burial (specify) Oct. 19 1955 mt. Hope Woodsboro	ml.
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS /

A15 VS

S 'A Ni illi

9367 1 100

DATE:

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 The CERTIFICATE OF DEATH Reg. Dist. No. legibly. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Frederick STATE Maryland COUNTY Carroll MARYLAND CITY: If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL) LENGTH OF STAY and and give nearest town) (in this place) OR information / JEGHANI Frederick TOWN Ridgeville early HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS Rural --Mt. Airy Frederick Mem. Hospital STREET ADDRESS 7 (First) 3. NAME OF (Middle) (Last) DATE (Month) (Day) (Year) eath of DECEASED: 5mith Ernest (Type or Print) DEATH: item Ö COLOR OR 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE last birthday! IF UNDER WIDOWED, DIMORCED Jo Months | Hours (Specific idowed 12-25-1869 every causes 11. BIRTHPLACE (State or foreign country): ,12. CITIZEN OF WHAT OA USUAL OCCUPATION (Give kind of, 108 KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired Laborer COUNTRY? Misc. Maryland Supply 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Sarah Ann Becraft Charles Smith te 17. INFORMANT & ADDRESS. 13. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. ¥ (Yes, no, or unk.) (If Yes, give war or dates of service) Hospital Records Se no none 18. MEDICAL CERTIFICATION SN INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND GEATH IQ 490X A sicians IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) Phys HIII GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO ⋈ (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH imp AIN] 19A DATE OF OPERATION: 198. MAJOR FINDINGS OF AUTOPC PL 21A ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factory 21c. WHERE DID OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 21c. WHERE DID (City or town) (County) (State) 国 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? B While Not while OF INJURY at work at work .22 잗 0 . 1955, to 10/4 22. I hereby certify that I attended the deceased from 10/3 , 195 J, that I last saw the deceased 6 AM, from the causes and on the date stated above. 60 alive on /0 , and that death occurred at /0 TYP] SIGNATURE ADDRESS DATE SIGNED SE BURIAL, CREA NAME OF CEMETERY OR CREMATERY | LOCATION (City, town, or county) REMOVAL (PRECIFY) Ø, Airy Maryland Mt. BURTAI 10-6-1955 Pine Grove DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR **ADDRESS** BEGISTRAR 955 Winfield, Maryland C. M. Waltz.



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

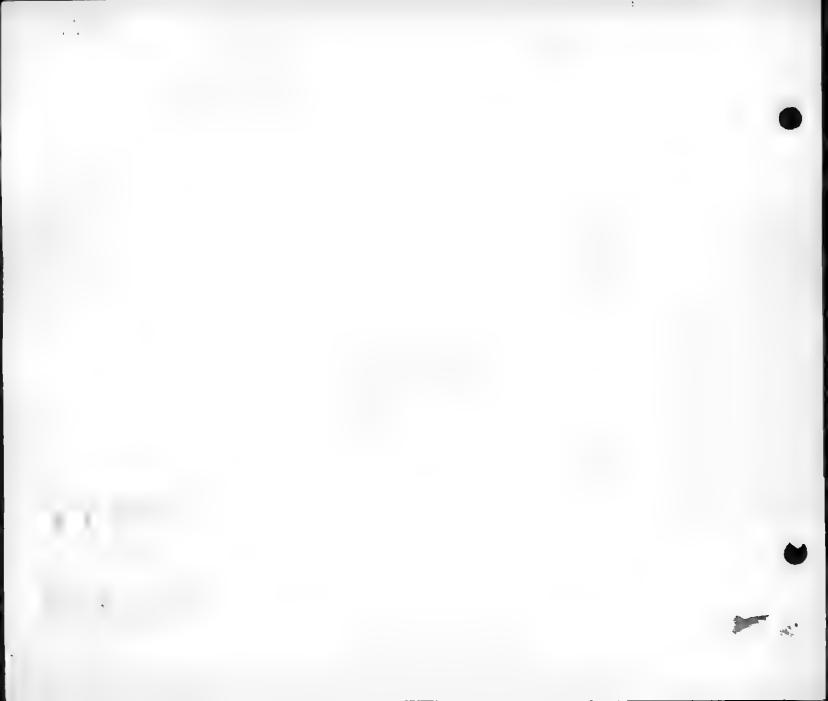
	CERTIFICATI	Reg. Dist. No. 131
5	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED
legibly	COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick
l le	CHTY (If outside corporate limits, write RURAL, LENGTH OF STAY	CHT If outside corporate limits, write RURAL and give nearest town
Bnd	OR and give nearest town) Yown Frederick-Rural RD#5 (in this place) Years	TOWN Frederick-Rural RD#5 X
- F	HOSPITAL OR INSTITUTION OR	STREET (If rural give location) /
clearly	STREET ADDRESSFrederick County Chronic Hospi	tal Montevue
स	DECEASED.	(Last) 4. DATE (Month) (Day) (Year)
death	(Type or Print) JUSEPH WALTER SM	DEATH October 20,1955
of	Male Color or 7. SINGLE. MARRIED. 8. DATE WIDOWED, DIVORCED. 12 Feb	9. AGE tast birthday If UNDER 1 YEAR IF UNDER 24 HRS. 1877 78 vrs. Months Days Hours Min.
causes	IOA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 112 CITIZEN OF WHAT
Cau	work done during most of working life, even if retired): Unknown	Unknown USA
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	Unknown	Unknown
write	15 WAS DECEASED EVER IN U.S. ARMED FORCES: 15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
	(Yes, no, or unk.) (If Yes, give war or dates None	Hospital Records
please	18. MEDICAL CERTIFICAT	TON INTERVAL BETWEEN
Ωį	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
ns:	IMMEDIATE CAUSE (A) MUSIC	max & osculcum, stry
Physicians:	ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B)	lated hernia/inquisid) - free.
'ny	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	1 + 10 - 1=
	(c) Heters-	sclerolic Cardio - Vasella 13 year
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	tolder 1 - 1 . A Burgh
200	DISEASE OR CONDITION CAUSING DEATH.	. Cupareropely with wilnery returning
imi	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7
		YES NO K
especially	21a. ACCIDENT WAS UNDERLYING 21a. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (if Either, Notify Medical Examiner)	tory. 21c, WHERE DID (City or town) (County) (State)
esp	210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
-10		
90	22. I hereby certify that I attended the deceased from Saft	3, 195, to Oct 20, 195, that I last saw the deceased
t a	alive on Oct. 19, 1955, and that death occurred at	4: 40A M, from the causes and on the date stated above.
correct	SIGNATURE Bernard C. Hinnas Jr. Ml. M	ADDRESS DATE SIGNED D. Frederick, Maryland 20 Oct 1955
COI	23. BURHAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)
	Removal (SPECIFY) 20 Oct 1955 Anatomical 1	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

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SIGNATURE	ve.					
23. BURIAL CREMATION, DATE THEREOF, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) 10/11,/1955 Mount Olivet Cemetery Frederick, Maryland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS						
13 Odden 175-3- Eliabel 4 tech C. E. Clim & Son - Frederick, Maryland						



Supply every item of information carefully. The

	MARYLAND STA	TE DEPARTMEN	T OF HEALTH	I—BALTIMORE,	18 0977	2
	9765	CERTIFICATI	E OF DEAT	TH Reg.	Dist. No. 13	9
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clearly s	HOSPITAL OR INSTITUTION OR Victor Cullen		STREET ADDRESS	(If rural give loca		<i>\</i>
	3. NAME OF (First)		(Last)	4. DATE (Month)	(Duy) (Y	car)
death	DECEASED: (Type or Print) James	Willis T	ompson	DEATH: Oct.	19, 19	55
of	Male White (Specify):	Married Jan. 2	2, 1904	9. AGE last birthday 17 UND 51 yrs Month	Bays Hours	Min,
the caus		or industry: uck driver.	Maryland	State or foreign country):	COUNTRY?	TAHW
	13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:		
	James N. Thompson		Sarah Harris			
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	(Yes, no, or unk.) (If Yes, give war or dates of service)	216-01-8521	Patient, Mr.	James Willis T	hompson.	
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especially	21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE (Home, farm, fac INJURY street, office bldg.,	etc. 21c. WHERE D	(City or town) (County) (S	itate)
is esp	OF INJURY	21E INJURY OCCURRED While Not while at work	21F. HOW DID II	NJURY OCCUR?		
8 90 1	22. I hereby certify that I attended the					

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alive on .Oct. .19, , 19 55/, and that death occurred at 12:30_M, from the causes and on the date stated above.

DATE SIGNED

Cullen, Maryland October 21, 1955 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)

23. BURIAL, C DATE THEREOF CREMATION. 10-22-55

DATE REC'D BY LOCAL

REGISTRAR'S

Port Deposit, Md. Asbury Cem. 24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERV 20. AUTOPSYT YES I NO (State) (County) , that I last saw the deceased M, from the causes and on the date stated above. DATE, SIGNED PLEASE State (City, town, or county A15 REMOVAL (SPECIFY) DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S 24. FUNERAL. ιά

(Day)

Days

(Year)

19 6

Hours

ONSET AND DEATH

COUNTRY?



MARYLAND STATE DEPARTMENT OF HEALTH

9714

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY THE ME SEE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate hmits, write RURAL and give nearest town)
OR give nearest town) Hedereke (in this place)	TOWN Flecking to 11
40 STREET ADDRESS Fle buck Count Chronic Haster	STREET (If rural, give location)
3. NAME OF (First) (Middle) (Type or Print) (Middle)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH (Clother 2) 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Small	3. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hr. Left 14-1928 37 yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industrial Ind	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Pakert Pyker	accer Ticlour
15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY No. (Yes, no, you pinknown) (If year, give war or dates of None	17. INFORMANT Montevue Records
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22. 1 hereby certify that I attended the deceased from	, 19, to
alive on 19 11, and that death occurred at signature. (Degree or title)	ADDRESS ADDRESS ADDRESS ADDRESS DATE SIGNED
M. D. Frederick, M.	
Rembya' (Specify) 26 Oct 1955 Anatomical B	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	M. R. Etchison & Son, Frederick, Maryland

The correct age

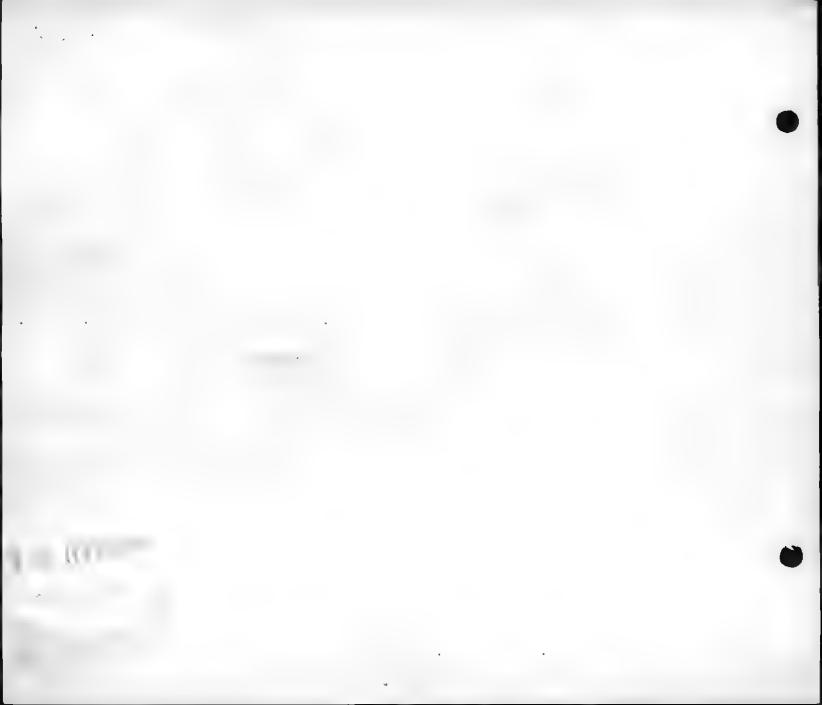
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians; please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MARGIN RESERVED FOR BINDING

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	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	09775	
	9767 CERTIFICATI	E OF DEATH Reg. Dist.	No. 131	
<u> </u>	. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
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E X	OR and give nearest town) Middletown-Rural-R.D.#1 Sign this place) Years	Middletown-Rural-R.D	·#1 ×	
clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)	/	
death o	DECEASED: TITOT DO	TATENTITIE OF October	5, 1955	
ਰ ਜ਼	SEX 6. COLOR OR 7. SHNGCE, MARKIED, 8. DATE RACE. WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 V	. , .	
10	A. USUAL OCCUPATION (Give kind of work done during most of working life, even if reflusionary. HONE	11. BIRTHPLACE (State or foreign country): 12. Maryland	CITIZEN OF WHAT	
1: 1:	3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME.		
2	Joseph H. Black	Vátilda C. Norris		
	(was Deceased Ever in U.S. Armed Forces: 18. Social Security No. (if Yes, give year or dates of service) No None	Mrs.Ruhland C. Boyer, Middletown	n.R.D.#1.Md.	
please	18. MEDICAL CERTIFICAT DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
2112	IMMEDIATE CAUSE (A) Broucks	presumenta	3 days.	
a G	ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY. BIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	phrilis	2 resuths	
		noe (arder varaulan di seoza	10 years?	
	DA DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY1	
i Of	IA. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., FEITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)	
21	D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?		
	22. I hereby certify that I attended the deceased from Dec., 19, 53; to Oct 5, 1951, that I last saw the deceased			
	alive on Deforus, 1967, and that death occurred at SIGNATURE		stated above. E SIGNED	
2	REMOVAL (SPECIFY)	D. Frederick Maryland ERY OR CREMATORY LOCATION (City, town, or		
	Burial Oct.9,1955 Mt. Tabor Ce	24. FUNERAL DIRECTOR	ADDRESS	
	Tat. 1955 Elisbeth S. Heck-	M. R. Etchison & Son, Frederick	, Maryland_	



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	TYPE OR WRITE
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5. Alb — 10 - 55	PLEASE
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 9768 Reg. Dist. No. I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED Frederick STATE Maryland Frederick COUNTY MARYLAND COUNTY OR outside corporate limits, write RURAL and give nearest town) ilf outside corporate fimita, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) V TOWN Doubs Years TOWN Doubs HOSPITAL OR (If rural give location) STREET INSTITUTION OR ADDRESS STREET ADDRESS (First) (Middle) 3. NAME OF (Last) (Day) DATE (Month) DECEASED DEATH October ALBERT WALTER WILLIAM (Type or Print) COLOR OR 17. SINGLE, MARRIES-B DATE OF BIRTH 9. AGE last birthday I' UNDER I YEAR WIDOWED, DIVORCED RACE: Months | Days Hours (Specify) Midower Nov. 13.1875 Male 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country): [12. CITIZEN OF WHAT 108 KIND OF BUSINESS work done during most of working life. OR INDUSTRY: COUNTRY even Rectifeed Carpenter B. & O. R. R. Maryland 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME Eugenia Ellen Kessler Charles F. Walter 17. INFORMANT & ADDRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. BOCIAL BEGURITY NO. (Yes, no, or unk.) (If Yes, give war or dates Mr. Lawrence A. Walter, Doubs, Maryland No of service) None MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH himorkog E Senuolyes Cirlineselvas 33/X IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [218. PLACE (Home, farm, factory, 21A. ACCIDENT WAS UNDERLYING [] 21c. WHERE DID (City or town) (State) (County) OR CONTRIBUTING TICAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 2 F. HOW DID INJURY OCCUR?

OF INJURY

While at work Not while at work

22. I hereby certify that I attended the deceased from 10/12, 1952 to 10/12, 1953 that I last saw the deceased

alive on . 10/15 . 195.5, and that death occurred at 6:15P M, from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

LOCATION (City, town, or county)

ADDRESS

DATE SIGNED

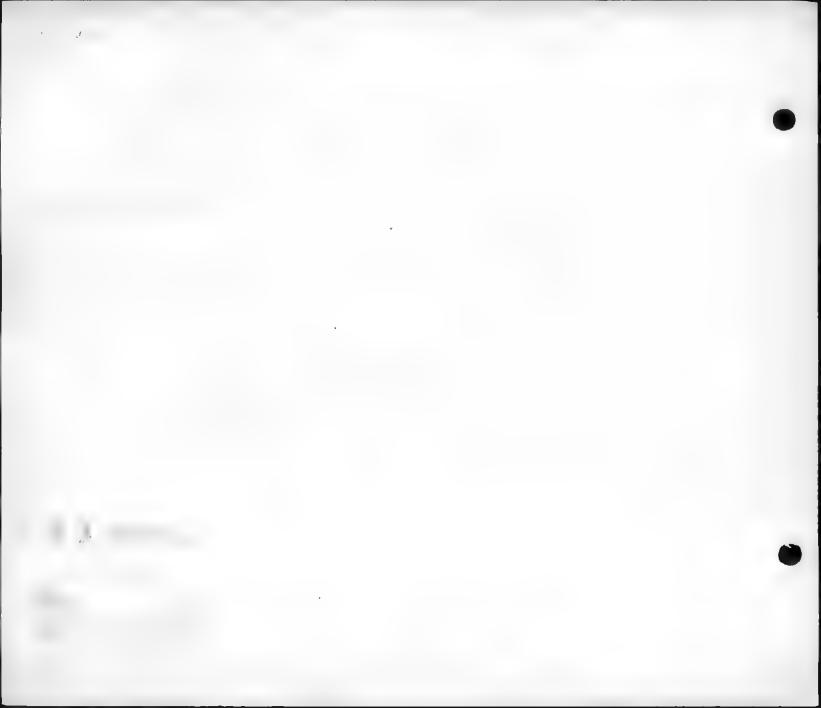
10-17-19

PREMOVAL (SPECIFY)

Burial October 18, 1955 Mount Olivet Cemetery Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
REGISTRAR 1976 C. Maryland

M. R. Etchison & Son, Frederick, Maryland



VS. A15

9759

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. /38

I. PLACE OF DRATE- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-	Υ, .
Frederick MARYLAND	Mary land Fre	derick
OR give nearest town)	CITY (If outside corporate limits, write RURAL and gi	ve searest town)
TOWN New Market 4400rs	TOWN New Market	X
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	,
INSTITUTION OR STREET ADDRESS		,
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
OECEASED Annie ELiza	Ways DEATH October	- 24 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED,	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs.
Female Coloved Specify) Widow	UNKNOWN ABOUTED you Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY OUNTY	MARYLAMO	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1) TAN CRAMPTON	HARRIET MASON	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of service)		ANKETMA
	The state of the s	1/1/2/ ///
IS. MEDICAL CE.	RTIFICATION	INTERVAL BETWEEN
: 6		ONSET AND DEATH
Immediate cause (a) Generolized	Arterios clevosis	Ve 9 4 5
Immediate cause	and the manufacture and the angular and the second	Land E. P. L. Stymon.
Antecedent cause(s)		
Diseases or conditions, if any, (b)	A000 / A0	
giving rise to the above cause stating the underlying cause last	7 7 7 05.50 07 1990 000 00 dd Malanda A Addenia anabania (1990 000 000 000 000 000 000 000 000 000	
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		I .
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
·		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR!	
OF While at Not While INJURY m. Work At work		
	rs n. bahan co	
	1952, to October, 1955, that I last s	
alive on October 23 1955, and that death occurred at		ated above.
alive on October 23 1955, and that death occurred at	950 p.m., from the causes and on the date st	
slive on October 23 1955, and that death occurred at	ADDRESS Mrf. Quiry M.d. Oc.	ated above. DATE SIGNED
alive on October 23 1955, and that death occurred at	ADDRESS Mf. Cury M. A. OCRY OR CREMATSKY LOCATION (City, town, or coun	ated above. DATE SIGNED
alive on October 23 1955, and that death occurred at	ADDRESS My. Diry M.A. OC. RY OR CREMATORY LOCATION (City, town, or coun.) US CHAPEL NEW MARKE	ated above. DATE SIGNED
alive on October 23 1955, and that death occurred at	ADDRESS Mf. Cury M. A. OCRY OR CREMATSKY LOCATION (City, town, or coun	ated above. DATE SIGNED
alive on October 23 1955, and that death occurred at	ADDRESS My. Diry M.A. OC. RY OR CREMATORY LOCATION (City, town, or coun.) US CHAPEL NEW MARKE	ated above. DATE SIGNED Star 24, 1958 ty) (State) ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

9745

CERTIFICATE OF DEATH

Reg. Dist. No. 13 1 FOR MEDICAL EXAMINERS I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Frederick Maryland MARYLAND of information carefully death clearly and legibly. CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) OR give nearest town) OR Frederick Frederick HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS I52 W. All Saints St. I52 W. All Saints St STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED Williams Joseph Oct. 28 19 55 DEATH (Type or Print) 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE last birthday | If under I year | If under 24 hrs., WIDOWED, 31 KORTED. Months | Days | Hours | Min. Male Colored av 5. 1888 (Specify) 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR done during most of working life even if retired)
Laborer Stone Quarry

13. FATHER'S NAME COUNTRYT **** Virginia 14. MOTHER'S MAIDEN NAME Unknown Unknown Anna M. Ball 129 W. All Saints St. 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give war or dates of 214-10-1574 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONBET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditinue, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT Yes [] (CITY OR TOWN) 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, atreet, OF office bldg., etc.)
INJURY (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy [], Inspection of Inquiry [] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes XI accident [], suicide [], homicide], undetermined [SIGNATURE (Degree or title) DATE SIGNED ADDRESS NAME OF CEMETERY OR CREMACORY 21. BURIAL, CREMATION LOCATION (City, town, or county) (State) RHMOYAL (Specify) Frederick DATE REC'D BY LOCAL Elizabett 4 Charles E. Hicks III

BINDING Supply every item write the causes of INK. Physicians: D .: mportant PLAINLY, sespecially i G

BUREAU V. S.

DEVESTVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9770					
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MARGIN RESERVED FOR BINDING

VS. A15-10-53

. T	9770 CERTIFICATE OF DEATH	Reg. Dist. No. 13
carefully legibly.	1. PLACE OF DEATH: COUNTY Flederick MARYLAND STATE MANYLAND	7
tion	OR and give regarest town Like Langth OF STAY OR TOWN Like Corporate limit OR TOWN	as, write RURAL and give nearest town) Frederick Trail give location)
nforma	INSTITUTION OR STREET ADDRESS	
m of in death c	3. NAME OF (First) (Middle) (Last) 4. DATE DECEASED: (Type or Print) EMMA ZIMMERMAN DEAT	@ 1 .1
y item	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last bir WIDOWED, DIVORCED Teb 12, 1867 88	thday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Supply every te the causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) were described for some life.	mary : 112. CITIZEN OF WHAT
Supply te the	George W. Harris Mary Ellen	Staley
INK.	18. WAS DECEASED EVER IN U.S. ARMED FORGER? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no. or unk.) (If Yes, give war or dates of service) (Yes, no. or unk.) (If Yes, give war or dates of service)	in law Frederick n
G S	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
NI T	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
TH UNFADING Physicians: plea	IMMEDIATE CAUSE (A) BRONCHIAL PNEUMONIA	I WEEK
	DISEASES OR CONDITIONS, IF ANY. (B) CEREBRAL THROMBOSIS	LWEEKS
WITH at. Phy.	GIVING RISE TO THE ABOVE CAUSE DUE TO	
WI It.	(c) ARTERIOSCLEROTIC CVD	LOYEARS
~ 2	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
Zď	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-	0	YES NO F
-	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	town) (County) (State)
OR W	OF INJURY M. Hour) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCURRED While Not while at work at work	JR?
	22. I hereby certify that I attended the deceased from 11 00 , 1955, to 14 0d , 19	
(A) 20	alive on 13 Oct 1955, and that death occurred at ADDRESS	d on the date stated above.
	June 2. Koner . M.D. Wilbermille	Md 14 October 1955
PLEASE cor	23. BURNAL GOLDAN, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION REMOVAL (SPECIFY) OF I 16, 1955 Jion Reformed Church Cemetery Ca	(City, town, or county) (Staye)
PL1	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REGISTRAR	ADDRESS ADDRESS Md.
	1460. 1953 Equilelle S. TeR. 47 Charles	1 may 1 miles

BUREAU V. S.

EG61 BT 130

BECEINED